

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing at a Glance

Company: Continental General Insurance Company
Product Name: Long Term Care
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.003 Other
Filing Type: Rate
Date Submitted: 09/12/2018
SERFF Tr Num: GLTC-131622755
SERFF Status: Closed-Approved and Filed
State Tr Num: GLTC-131622755
State Status: Approved & Filed
Co Tr Num: SENIOR CLASS INDIVIDUAL RATE INCREASE, 2018

Effective: On Approval
Date Requested:
Author(s): Beth Lovaas, Huyen Pham, Noah Simonson, Melissa Sample, Elizabeth O'Brien, Sean Zhou, Madison Nahrup, David Weizeorick, Jacob Allensworth, Kyle Diaz

Reviewer(s): Bobby Toone (primary)
Disposition Date: 06/21/2021
Disposition Status: Approved and Filed
Effective Date:

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

General Information

Project Name: Senior Class Individual Rate Increase, 2018

Project Number:

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Texas is the state of domicile. Texas recently approved a 64% rate increase on these policy forms. Texas requires at least 12 months of accumulated experience before we can file another rate filing in the state.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 62%

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/21/2021

State Status Changed: 06/21/2021

Deemer Date: 06/24/2021

Submitted By: Huyen Pham

Created By: Huyen Pham

Corresponding Filing Tracking Number:

State TOI: LTC03I Individual Long Term Care

Filing Description:

Dear Sir or Madam:

Enclosed for your review, please find an Actuarial Memorandum and rate sheets in support of the current proposed increase on the above referenced Long-Term Care Insurance products.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above referenced policy forms are Individual Long-Term Care insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals, and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,
Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company

Company and Contact

Filing Contact Information

Stephanie Entzminger, Senior Actuarial Analyst I stephanie.entzminger@continental-ins.com

11001 Lakeline Blvd. 512-410-0854 [Phone]

Suite 120 512-257-0218 [FAX]

Austin, TX 78717

SERFF Tracking #: GLTC-131622755

State Tracking #: GLTC-131622755

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia

Filing Company: Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care

Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company Information

Continental General Insurance
Company

11001 Lakeline Blvd

Suite 120

Austin, TX 78717

(866) 830-0607 ext. [Phone]

CoCode: 71404

Group Code: 84

Group Name:

FEIN Number: 47-0463747

State of Domicile: Texas

Company Type: Life & Health

State ID Number:

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	06/21/2021	06/21/2021

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	04/07/2021	04/07/2021
Info has been requested from company	Bobby Toone	02/24/2021	02/24/2021
Info has been requested from company	Bobby Toone	01/19/2021	01/19/2021
Info has been requested from company	Bobby Toone	01/04/2021	01/04/2021
Info has been requested from company	Bobby Toone	11/16/2020	11/16/2020
Info has been requested from company	Bobby Toone	10/19/2020	10/19/2020
Info has been requested from company	Bobby Toone	10/15/2020	10/15/2020
Info has been requested from company	Bobby Toone	09/22/2020	09/22/2020
Info has been requested from company	Bobby Toone	09/09/2020	09/09/2020
Info has been requested from company	Bobby Toone	07/22/2020	07/22/2020

Response Letters

Responded By	Created On	Date Submitted
Jacob Allensworth	05/25/2021	05/25/2021
David Weizeorick	03/09/2021	03/11/2021
Noah Simonson	02/01/2021	02/01/2021
Noah Simonson	01/19/2021	01/19/2021
David Weizeorick	12/04/2020	12/04/2020
Noah Simonson	10/26/2020	10/26/2020
David Weizeorick	11/12/2020	11/12/2020
Noah Simonson	09/23/2020	09/23/2020
Cameron Zima	09/09/2020	09/09/2020
Cameron Zima	07/22/2020	07/22/2020

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	07/10/2020	07/10/2020
Info has been requested from company	Bobby Toone	06/17/2020	06/17/2020
Info has been requested from company	Bobby Toone	04/08/2020	04/08/2020
Info has been requested from company	Bobby Toone	03/18/2020	03/18/2020
Info has been requested from company	Bobby Toone	02/11/2020	02/11/2020
Info has been requested from company	Bobby Toone	02/05/2020	02/05/2020
Info has been requested from company	Bobby Toone	02/05/2020	02/05/2020
Info has been requested from company	Bobby Toone	12/10/2019	12/10/2019
Info has been requested from company	Bobby Toone	06/13/2019	06/13/2019
Info has been requested from company	Bobby Toone	05/13/2019	05/13/2019
Info has been requested from company	Bobby Toone	03/15/2019	03/15/2019
Info has been requested from company	Bobby Toone	10/02/2018	10/02/2018

Response Letters

Responded By	Created On	Date Submitted
Noah Simonson	08/07/2020	08/07/2020
Noah Simonson	06/19/2020	06/19/2020
Cameron Zima	04/09/2020	04/09/2020
Cameron Zima	03/24/2020	03/24/2020
Cameron Zima	03/11/2020	03/11/2020
Cameron Zima	03/05/2020	03/05/2020
Cameron Zima	02/06/2020	02/10/2020
Huyen Pham	01/09/2020	01/09/2020
Huyen Pham	06/14/2019	06/14/2019
Huyen Pham	06/12/2019	06/12/2019
Huyen Pham	04/19/2019	04/19/2019
Huyen Pham	11/01/2018	11/01/2018

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	CGI(LOY) – RINC(VA)(0120)	David Weizeorick	06/14/2021	06/14/2021
Supporting Document	Policyholder letter update 06/14/2021	David Weizeorick	06/14/2021	06/14/2021
Form	CGI(LOY) – RINC(VA)(0120)-BR	David Weizeorick	03/09/2021	03/09/2021
Supporting Document	Response to Objection Dated 10/15/2020	David Weizeorick	11/12/2020	11/13/2020
Rate	VA - SCI L6000 Proposed Rate Sheets - 62%	Cameron Zima	09/08/2020	09/08/2020
Rate	VA - SCI LTC02 Proposed Rate Sheets - 62%	Cameron Zima	09/08/2020	09/08/2020
Supporting Document	Long Term Care Insurance Rate Request Summary	Cameron Zima	09/08/2020	09/08/2020
Supporting Document	Amendment - 62%	Cameron Zima	09/08/2020	09/08/2020
Supporting Document	L&H Actuarial Memorandum	Cameron Zima	09/08/2020	09/08/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection dated 4/7/2021 - Respond By Date	Note To Reviewer	David Weizeorick	05/10/2021	05/10/2021
Clarification Request	Note To Filer	Bobby Toone	04/12/2021	04/12/2021
Objection dated 4/7/2021 - Clarification Request	Note To Reviewer	David Weizeorick	04/09/2021	04/09/2021
Response to Objection Dated 10/15/2020 Follow-up	Note To Reviewer	David Weizeorick	11/13/2020	11/13/2020
"Response to Objection Dated 10/15/2020"	Note To Filer	Bobby Toone	11/13/2020	11/13/2020
Objection dated 12/10/2019 - Clarification Request	Note To Filer	Bobby Toone	01/07/2020	01/07/2020
Objection dated 12/10/2019 - Clarification Request	Note To Reviewer	Huyen Pham	01/07/2020	01/07/2020
Extension Request	Note To Filer	Bobby Toone	04/15/2019	04/15/2019
Extension Request	Note To Reviewer	Huyen Pham	04/12/2019	04/12/2019
Actuarial Opinion and Final Report	Reviewer Note	Bobby Toone	06/21/2021	
RRS	Reviewer Note	Bobby Toone	03/13/2019	

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Disposition

Disposition Date: 06/21/2021

Effective Date:

Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 18-24 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental General Insurance Company	62.000%	62.000%	\$16,173	19	\$26,087	62.000%	62.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Current Rate Sheets	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 10/2/2018	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Dated 3/15/2019	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Dated 5/13/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 6/13/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 12/10/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 02/05/2020	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Sent 02/05/2020 #2	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 02/11/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 03/18/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 04/08/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Sent 06/17/2020	Received & Acknowledged	Yes

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to Objection Dated 07/22/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 07/10/2020	Received & Acknowledged	Yes
Supporting Document	Amendment - 62%	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 09/22/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 10/19/2020	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Dated 10/15/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 10/15/2020	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Response to Objection Dated 3/15/2019	Withdrawn	No
Supporting Document	Response to Objection Dated 5/13/2019	Withdrawn	No
Supporting Document	Response to Objection Sent 02/05/2020 #2	Withdrawn	No
Supporting Document	Response to Objection Dated 11/16/2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 01/04/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 01/19/2021	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 02/24/2021	Received & Acknowledged	Yes
Supporting Document	Policyholder letter update 06/14/2021	Received & Acknowledged	Yes
Form (revised)	CGI(LOY) – RINC(VA)(0120)	Filed	Yes
Form	CGI(LOY) – RINC(VA)(0120)	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	Withdrawn	No
Form	SCI Policyholder Notification Letter – VA	Withdrawn	No
Form (revised)	CGI(LOY) – RINC(VA)(0120)-BR	Filed	Yes
Form	CGI(LOY) – RINC(VA)(0120)-BR	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)-BR	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)-BR	Withdrawn	No

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	CGI(LOY) – RINC(VA)(0120)-CNFO	Filed	Yes
Form	CGI(LOY) – RINC(VA)(0120)-CNFO	Withdrawn	No
Form	CGI(LOY) – RINC(VA)(0120)-CNFO	Withdrawn	No
Rate (revised)	VA - SCI L6000 Proposed Rate Sheets - 62%	Approved	Yes
Rate (revised)	VA - SCI LTC02 Proposed Rate Sheets - 62%	Approved	Yes
Rate (revised)	VA- SCI L6000 Riders Unaffected by Rate Increase	Approved	Yes
Rate (revised)	VA- SCI LTC02 Riders Unaffected by Rate Increase	Approved	Yes
Rate	VA - SCI L6000 Proposed Rate Sheets	Withdrawn	No
Rate	VA - SCI L6000 Rate Sheets	Withdrawn	No
Rate	VA - SCI LTC02 Proposed Rate Sheets	Withdrawn	No
Rate	VA - SCI LTC02 Rate Sheets	Withdrawn	No
Rate	VA- SCI L6000 Riders Unaffected by Rate Increase	Withdrawn	No
Rate	VA- SCI LTC02 Riders Unaffected by Rate Increase	Withdrawn	No

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/07/2021
Submitted Date	04/07/2021
Respond By Date	06/20/2021

Dear Stephanie Entzminger,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: The rate review section of this filing is complete, however the filing may not be approved until the forms review is complete. No response to this objection is required.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/24/2021
Submitted Date	02/24/2021
Respond By Date	03/26/2021

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: To more accurately match the language in Virginia Regulation 14VAC5-200-75 D 4, please revise the language in paragraph 1 to say, "In the event of a future increase, which must first be reviewed for compliance by the State Corporation Commission,...."

Objection 2

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Is there a reason to have the company address shown in 2 places on the 1st page of the policyholder letter?

Objection 3

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: In any instances where the letter uses Virginia Bureau of Insurance, please change them to Virginia State Corporation Commission.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/19/2021
Submitted Date	01/19/2021
Respond By Date	02/02/2021

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Dated 01/04/2021 (Supporting Document)

Comments: Please remove the brackets referenced in our 1/4/2021 objection. The brackets around the name of the form in the Enclosures section of the policyholder notification letter are sufficient to denote that the form will not be sent to all policyholders.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/04/2021
Submitted Date	01/04/2021
Respond By Date	01/18/2021

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-BR (Form)

Comments: Please explain the open bracket on the title of the Benefit Reduction Form.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/16/2020
Submitted Date	11/16/2020
Respond By Date	12/04/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Dated 10/15/2020 (Supporting Document)

Comments: Thank you for your response, however I am confused with your objection 6. We were asking that the full Company name be added to the Benefit Reduction form and the Contingent Non-Forfeiture form.

Objection 2

- Response to Objection Dated 10/15/2020 (Supporting Document)

Comments: Please move the revised forms (CGI(LOY) RINC(VA)(0120), CGI(LOY) RINC(VA)(0120)-BR, and CGI(LOY) RINC(VA)(0120)-CNFO) to the Forms Schedule so we may continue their review.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/19/2020
Submitted Date	10/19/2020
Respond By Date	11/02/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)
- VA - SCI L6000 Proposed Rate Sheets - 62%, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets - 62%, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: Based on our call recent phone call, and the low number of policyholders in Virginia (19), please specify your intention towards future rate increases on this block of business.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/15/2020
Submitted Date	10/15/2020
Respond By Date	11/14/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Certification of Compliance (Supporting Document)

Comments: Please provide us with a certification of compliance that conforms to 14 VAC 5-100-40 3 and refers to form number CGI(LOY)-RINC(VA)(0120).

Objection 2

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

- CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-BR (Form)

- CGI(LOY) – RINC(VA)(0120)-CNFO, CGI(LOY) – RINC(VA)(0120)-CNFO (Form)

Comments: Please provide us with the certification of readability that is required by 14 VAC 5-110-60.

Objection 3

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: The fourth paragraph refers to the Frequently Asked Questions (FAQs) as an enclosure. If the FAQs are intended to be an enclosure separate from the policyholder letter, the FAQs should be identified by a separate form number as set forth in 14 VAC 5-100-40 1.

Objection 4

- Response to Objection Dated 07/10/2020 (Supporting Document)

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Page one of the policyholder letter is shown as variable. Since this is the very first page of the letter, please provide an example of when this page number may change.

Objection 5

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: 1) The bracketing around option 2 in the section titled "What Options you Have" is confusing. Please correct.

2) Please explain the open brackets at the end of Option 2 and correct, if possible.

Objection 6

- CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-BR (Form)

- CGI(LOY) – RINC(VA)(0120)-CNFO, CGI(LOY) – RINC(VA)(0120)-CNFO (Form)

Comments: Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear in prominent print on all forms. Please add the full licensed corporate name to both the Benefit Reduction form and the Contingent Non-Forfeiture form.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection 7

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Will the Template ID appear in the final form of the letter? If not, please remove from the letter.

Objection 8

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: The SOV states that [Today's Date] is the date the letter will be mailed to the policyholder. Please verify that the policyholders will have a minimum of 75 days prior to the implementation date of the premium increase, from the date they receive the letter, to make any necessary decisions; as required in 14VAC5-200-75 D, .

Objection 9

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Please revise the description of the Contingent Non-Forfeiture Option, in the letter and the FAQ, to meet the requirements of 14VAC5-200-185 E 3.

Objection 10

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Please provide the language in the policy that describes the Contingent Non-Forfeiture Benefit.

Objection 11

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: For consistency, please revise all references to the Virginia Bureau of Insurance to read the same throughout all forms. Using "the Bureau of Insurance" is acceptable.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/22/2020
Submitted Date	09/22/2020
Respond By Date	10/06/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please revise VA SCI Exhibits.pdf to reflect the revised rate increase request of 62%.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/09/2020
Submitted Date	09/09/2020
Respond By Date	09/23/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- VA - SCI L6000 Proposed Rate Sheets - 62%, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets - 62%, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: Please revise the Company Rate Information section of the Rate/Rule Schedule, via post-submission update, to show the new rate request.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia Filing Company: Continental General Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
 Product Name: Long Term Care
 Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/22/2020
Submitted Date	07/22/2020
Respond By Date	07/27/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Certification of Compliance (Supporting Document)
- Product Checklist (Supporting Document)
- Current Rate Sheets (Supporting Document)
- Response to Objection Dated 10/2/2018 (Supporting Document)
- Response to Objection Dated 3/15/2019 (Supporting Document)
- Response to Objection Dated 6/13/2019 (Supporting Document)
- Response to Objection Dated 12/10/2019 (Supporting Document)
- Response to Objection Sent 02/05/2020 (Supporting Document)
- Response to Objection Sent 02/05/2020 #2 (Supporting Document)
- Response to Objection Sent 02/11/2020 (Supporting Document)
- Response to Objection Sent 03/18/2020 (Supporting Document)
- Response to Objection Sent 04/08/2020 (Supporting Document)
- Response to Objection Sent 06/17/2020 (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- Response to Objection Dated 5/13/2019 (Supporting Document)
- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)
- CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-BR (Form)
- CGI(LOY) – RINC(VA)(0120)-CNFO, CGI(LOY) – RINC(VA)(0120)-CNFO (Form)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013]
(Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA]
(Rate)
- VA - SCI L6000 Proposed Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)

Comments: Please provide current contact information as the current email address and phone number do not work.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/10/2020
Submitted Date	07/10/2020
Respond By Date	08/09/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Dated 5/13/2019 (Supporting Document)

Comments: Please revise the SOV by removing the entry about Loyal American Life as that has already been removed from the letter.

Objection 2

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Please remove the references to Great American and Loyal American in the address at the bottom of page 1.

Objection 3

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: The section under "What Options You Have" is confusing. The available options seem to be numbered 1, 3, and 4, with a 2 in the middle of the option number 1.

Objection 4

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: The Bureau of Insurance's website has changed. The new website is attached

Objection 5

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: In compliance with 14VAC5-200-75 A 2, provide an explanation of a policyholder's options in the event of further rate increases.

Objection 6

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Please provide a statement that an insured has the right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

Objection 7

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: As required in 14VAC5-200-75 D 2(b), provide a disclosure to the insured that all options may not be of equal value. As a disclosure, this statement should be emphasized by either bolding, highlight, larger print, etc.

Objection 8

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Comments: In the case of a partnership policy, please provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.

Objection 9

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Pursuant to 14VAC5-200-75 D, please verify that an insured will receive notice of a premium increase at least 75 days prior to the implementation of the increase.

Objection 10

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

- CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-BR (Form)

- CGI(LOY) – RINC(VA)(0120)-CNFO, CGI(LOY) – RINC(VA)(0120)-CNFO (Form)

Comments: Please submit a copy of each form, in its final form, completed in a "John Doe" manner, to show how the form will be used.

Objection 11

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: In compliance with 14VAC5-101-80 A, all variable information should be clear, easily understood, and fully explained in the Statement of Variability. Please revise the SOV to include a description of all variable information; to include names, addresses, policy numbers, dates, etc.

Objection 12

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

- CGI(LOY) – RINC(VA)(0120)-CNFO, CGI(LOY) – RINC(VA)(0120)-CNFO (Form)

Comments: Since the Contingent Nonforfeiture form is designed to be returned to the company, please provide a description of the Contingent Nonforfeiture Benefit with number 4 under What Options You Have.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/17/2020
Submitted Date	06/17/2020
Respond By Date	07/17/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Please move the Readability report to Supporting Documentation, as it is not subject to approval.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/08/2020
Submitted Date	04/08/2020
Respond By Date	05/08/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide the following data items:

- a.the total number of nationwide policies originally issued, and
- b.the number of policies remaining in active, premium-paying status.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/18/2020
Submitted Date	03/18/2020
Respond By Date	04/17/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Sent 02/11/2020 (Supporting Document)

Comments: Exhibit 11 does not provide the information that was requested. The information appears to have used actual historical experience and projected future experience. Instead, it should project on a calendar year basis the actual cohort of policies sold as if mortality, lapses and morbidity played out exactly as originally assumed at time of pricing. In other words, what would have been projected at the time of original pricing if the company had known exactly what policies would be sold.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/11/2020
Submitted Date	02/11/2020
Respond By Date	03/12/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- CGI(LOY) – RINC(VA)(0120) , CGI(LOY) – RINC(VA)(0120) (Form)

Comments: Thank you for making a separate entry on the Forms Schedule for forms CGI(LOY) RINC(VA)(0120)-BR and CGI(LOY) RINC(VA)(0120)-CNFO. However they are also still attached to the Notification Letter. Please remove them from the letter, as they cannot be submitted for approval twice.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections necessary to evaluate the requests based on both the Prospective Present Value Approach (or Texas Method) and the "If-Knew/Makeup Blend" approach (or Minnesota Method).

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/05/2020
Submitted Date	02/05/2020
Respond By Date	03/06/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.For all projections requested in the next question, the baseline should comply with the following:

- a.All discounting (including projection with original assumptions) should be performed using the statutory valuation interest rates or appropriate average thereof.
- b.Any limited-pay policies that are now in paid-up status should be removed, both from historical experience and future projections.
- c.For this post-stability block, assumptions may include reasonable margins.
- d.Nationwide premiums should be calculated as if all policies were issued in Virginia for both historical and projected future premiums.

2.To assist the Bureau in its review, please provide (in Excel format) the following projections on a nationwide basis:

- a.current assumptions and current rates
- b.current assumptions with the proposed rate increase
- c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)
- d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
- e.original assumptions and original premiums from inception

Projections a/e can be separate tabs or combined into separate columns on the same exhibit.

3.Please provide the active life reserves balance as of the projection date on a nationwide basis.

4.Exhibit D-1 shows that the implied lapse rates are significantly higher than the assumed ultimate lapse rate in durations 12+. Please explain why this assumption should be considered reasonable in light of the actual experience.

5.Please indicate the number of claims in the Companys experience used in the morbidity study as described in Appendix D to develop the actual to expected fitting factors.

6.Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Bobby Toone*

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/05/2020
Submitted Date	02/05/2020
Respond By Date	03/06/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO , CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO (Form)

Comments: The forms numbered CGI(LOY) RINC(VA)(0120)-BR and CGI(LOY) RINC(VA)(0120)-CNFO are designed to be signed, removed from the policyholder letter and sent to the company. As such they must be treated as separate forms. Please put each form on a separate line in the Form Schedule.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/10/2019
Submitted Date	12/10/2019
Respond By Date	01/09/2020

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- SCI Policyholder Notification Letter – VA, (Form)

Comments: In accordance with 14VAC5-200-75 A 2, please provide a statement describing a policyholder's options in the event of future premium rate revisions.

Objection 2

- SCI Policyholder Notification Letter – VA, (Form)

Comments: As this letter can be used only for Continental General Insurance, please remove the statement about being the administrator for Loyal American Life Insurance, and any other references to other insurance companies.

Objection 3

- SCI Policyholder Notification Letter – VA, (Form)

Comments: In accordance with 14VAC5-200-75 A 4, please provide an explanation that a policyholder has the right to a revised premium or rate schedule if the premium or rate schedule is changed.

Objection 4

- SCI Policyholder Notification Letter – VA, (Form)

Comments: In compliance with 14VAC5-200-75 D 2, provide a disclosure that all options available to the policyholder may not be of equal value. As this is a disclosure, this statement should be emphasized (bolding, highlight, larger print, etc.)

The letter should also contain a disclosure stating that, in the case of a partnership policy, some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections.

Objection 5

- SCI Policyholder Notification Letter – VA, (Form)

Comments: Please provide a clear identification of the driving factors of the premium rate increase, in compliance with 14VAC5-200-75 D 3. The statement should be in clear, "consumer-friendly" language that would allow a policyholder, with little or no insurance knowledge, to understand the reasons for the increase.

Objection 6

- SCI Policyholder Notification Letter – VA, (Form)

Comments: 14VAC5-100-50 2 requires that the full and proper corporate name shall appear prominently on the form. The Bureau feels the corporate name, as shown on the top, left corner of the page does not fulfill the prominence requirement of the regulation.

Objection 7

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

- SCI Policyholder Notification Letter – VA, (Form)

Comments: In the event the company address changes, and to prevent having to re-file the letter for approval, we might suggest adding brackets to the corporate address.

Objection 8

- SCI Policyholder Notification Letter – VA, (Form)

Comments: In accordance with 14VAC5-110-50 D, provide a readability report for the policyholder letter including the number of sentences, words, syllables, and a Flesch reading ease score of 40 or better.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/13/2019
Submitted Date	06/13/2019
Respond By Date	07/13/2019

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)
- VA - SCI L6000 Proposed Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)

Comments: The SERFF Tracking Number provided as the Previous State Filing Number (GLTC--130563086) is not a working number. Please provide a working SERFF number for the Previous State Filing Number.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/13/2019
Submitted Date	05/13/2019
Respond By Date	06/12/2019

Dear Stephanie Entzminger,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please move the Policyholder Notification Letter to the Forms Schedule for approval.

Objection 2

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please submit a Statement of Variability for the Policyholder Notification Letter to Supporting Documentation. The Statement should describe, in detail, each variable field appearing in the form, and describe specifically how that field will vary from the text as presented

Objection 3

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please explain how the policy will be updated to reflect any changes the insured may choose to reduce the effects of the proposed rate increase. If the policy is revised or changed in any way, the policy owner must agree to the changes and the policy must be amended or endorsed by an approved form, such as a rider, endorsement, or application that has been reviewed and approved by the Bureau of Insurance.

Objection 4

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please provide the SERFF Tracking number when this filing was originally submitted for approval.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

SERFF Tracking #: GLTC-131622755

State Tracking #: GLTC-131622755

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia

Filing Company: Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care

Project Name/Number: Senior Class Individual Rate Increase, 2018/

Sincerely,

Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/15/2019
Submitted Date	03/15/2019
Respond By Date	04/14/2019

Dear Stephanie Entzminger,

Introduction:

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Response to Objection Dated 10/2/2018 (Supporting Document)

Comments: Thank you for your response to our last objections. In regards to question 3, please provide the State Filing Number of the most recently approved filing.

Objection 2

- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013]
(Rate)

- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA]
(Rate)

Comments: Even if those these riders aren't getting a rate increase, please add the rates to the Rate/Rule Schedule.

Objection 3

Comments: 14VAC5-200-75 requires that any policyholder notifications regarding rate increases must be filed with the Commission at the time the premium rate increase is filed and must include the following information:

oThe insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D;

o14VAC5-200-75 A 1 which requires a statement indicating the policy may be subject to future rate increases;

o14VAC5-200-75 A 2 which requires a statement that should there be future rate increases, options like those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase;

[SUGGESTED WORDING]: In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your policy.

o14VAC5-200-75 A 3 which requires a statement indicating the premium rate or rate schedules that will be effect;

o14VAC5-200-75 A 4 (a.) at which requires a description of when the premium rate or rate schedule adjustments will be effective; and (b.) which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.

oA clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:

An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;

A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. As stated above, the information should be emphasized to bring attention to it; and Contact information that will allow the policyholder to contact the insurer for additional options available;

oA clear identification of the driving factors of the premium rate increase; and

oA statement substantially like the following:

The rate increase request was reviewed by Virginias State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

oBecause the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left-hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

olf rate increases are to be phased in over multiple years, provide a letter that will be sent with each rate increase implementation notice.

oThe policyholder notification should address insureds who are on premium waiver due to a claim.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 10/02/2018
Submitted Date 10/02/2018
Respond By Date

Dear Stephanie Entzminger,

Introduction:

An initial review of this filing indicates the following concerns and questions.

Please note, any revisions, modifications or changes of any type to a rate or form not specifically requested by us should be brought to our attention upon resubmission and explained in detail.

Objection 1

- VA - SCI L6000 Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: The Rate/Rule Schedule should contain only those rates submitted for approval. Please remove the Current Rates and move them to Supporting Documentation.

Objection 2

- VA - SCI L6000 Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: 1) We could not find when the forms included in the Affected Form Numbers section of the Rate/Rule Schedule were approved. Please provide the SERFF tracking number under which these forms were approved.

2) Please revise the Rate Action Information to include the Previous State Filing Number.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/25/2021
Submitted Date	05/25/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Can the department please update the "Respond By Date" for this objection.

Related Objection 1

Comments: The rate review section of this filing is complete, however the filing may not be approved until the forms review is complete. No response to this objection is required.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Jacob Allensworth

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/09/2021
Submitted Date	03/11/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 02/24/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: To more accurately match the language in Virginia Regulation 14VAC5-200-75 D 4, please revise the language in paragraph 1 to say, "In the event of a future increase, which must first be reviewed for compliance by the State Corporation Commission,..."

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 02/24/2021
Comments:	
Attachment(s):	SCI VA Objection 21 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 03/11/2021 By: David Weizeorick
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 12/04/2020 By: David Weizeorick
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 03/11/2021 By: David Weizeorick
	CNFO	CNFO						
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Dated 02/24/2021" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Is there a reason to have the company address shown in 2 places on the 1st page of the policyholder letter?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached under the heading "Response to Objection Dated 02/24/2021" on the Supporting Documentation tab.

Related Objection 3

Applies To:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: In any instances where the letter uses Virginia Bureau of Insurance, please change them to Virginia State Corporation Commission.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
David Weizeorick

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/01/2021
Submitted Date	02/01/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 01/19/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Dated 01/04/2021 (Supporting Document)

Comments: Please remove the brackets referenced in our 1/4/2021 objection. The brackets around the name of the form in the Enclosures section of the policyholder notification letter are sufficient to denote that the form will not be sent to all policyholders.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/15/2020
Comments:	
Attachment(s):	SCI VA Objection 16 - Response.pdf Certification of Compliance_SCI RINC Ltr.pdf Readability Certificate_SCI RINC Ltr.pdf CGI(LOY) – RINC(VA)(0120).pdf CGI(LOY) – RINC(VA)(0120)-CNFO.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf CGI(LOY) – RINC(VA)(0120)-BR.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 10/15/2020</i>
Comments:	
Attachment(s):	<i>SCI VA Objection 16 - Response.pdf</i> <i>Certification of Compliance_SCI RINC Ltr.pdf</i> <i>Readability Certificate_SCI RINC Ltr.pdf</i> <i>CGI(LOY) – RINC(VA)(0120).pdf</i> <i>CGI(LOY) – RINC(VA)(0120)-BR.pdf</i> <i>CGI(LOY) – RINC(VA)(0120)-CNFO.pdf</i> <i>Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf</i> <i>Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf</i> <i>Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf</i>

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/15/2020
Comments:	
Attachment(s):	SCI VA Objection 16 - Response.pdf Certification of Compliance_SCI RINC Ltr.pdf Readability Certificate_SCI RINC Ltr.pdf CGI(LOY) – RINC(VA)(0120).pdf CGI(LOY) – RINC(VA)(0120)-CNFO.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf CGI(LOY) – RINC(VA)(0120)-BR.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 10/15/2020</i>
Comments:	
Attachment(s):	<i>SCI VA Objection 16 - Response.pdf</i> <i>Certification of Compliance_SCI RINC Ltr.pdf</i> <i>Readability Certificate_SCI RINC Ltr.pdf</i> <i>CGI(LOY) – RINC(VA)(0120).pdf</i> <i>CGI(LOY) – RINC(VA)(0120)-BR.pdf</i> <i>CGI(LOY) – RINC(VA)(0120)-CNFO.pdf</i> <i>Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf</i> <i>Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf</i> <i>Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf</i>
Satisfied - Item:	Response to Objection Dated 01/19/2021
Comments:	
Attachment(s):	SCI VA Objection 20 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Simonson

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/19/2021
Submitted Date	01/19/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 01/04/2021" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(LOY) RINC(VA)(0120)-BR, CGI(LOY) RINC(VA)(0120)-BR (Form)

Comments: Please explain the open bracket on the title of the Benefit Reduction Form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 01/04/2021
Comments:	
Attachment(s):	SCI VA Objection 19 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Noah Simonson

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/04/2020
Submitted Date	12/04/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 11/16/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Dated 10/15/2020 (Supporting Document)

Comments: Thank you for your response, however I am confused with your objection 6. We were asking that the full Company name be added to the Benefit Reduction form and the Contingent Non-Forfeiture form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 11/16/2020
Comments:	
Attachment(s):	SCI VA Objection 18 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Dated 11/16/2020" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- Response to Objection Dated 10/15/2020 (Supporting Document)

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Comments: Please move the revised forms (CGI(LOY) RINC(VA)(0120), CGI(LOY) RINC(VA)(0120)-BR, and CGI(LOY) RINC(VA)(0120)-CNFO) to the Forms Schedule so we may continue their review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 11/16/2020
Comments:	
Attachment(s):	SCI VA Objection 18 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 12/04/2020 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 12/04/2020 By: David Weizeorick
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 12/04/2020 By: David Weizeorick
<i>Previous Version</i>								
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 12/04/2020 By: David Weizeorick
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

David Weizeorick

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/26/2020
Submitted Date	10/26/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/19/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)
- VA - SCI L6000 Proposed Rate Sheets - 62%, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets - 62%, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- L&H Actuarial Memorandum (Supporting Document)

Comments: Based on our call recent phone call, and the low number of policyholders in Virginia (19), please specify your intention towards future rate increases on this block of business.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/19/2020
Comments:	
Attachment(s):	SCI VA Objection 17 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Sincerely,
Noah Simonson

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/12/2020
Submitted Date	11/12/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)

Comments: Please provide us with a certification of compliance that conforms to 14 VAC 5-100-40 3 and refers to form number CGI(LOY)-RINC(VA)(0120).

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)
- CGI(LOY) RINC(VA)(0120)-BR, CGI(LOY) RINC(VA)(0120)-BR (Form)
- CGI(LOY) RINC(VA)(0120)-CNFO, CGI(LOY) RINC(VA)(0120)-CNFO (Form)

Comments: Please provide us with the certification of readability that is required by 14 VAC 5-110-60.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Filing Company: Continental General Insurance Company

Related Objection 3

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: The fourth paragraph refers to the Frequently Asked Questions (FAQs) as an enclosure. If the FAQs are intended to be an enclosure separate from the policyholder letter, the FAQs should be identified by a separate form number as set forth in 14 VAC 5-100-40 1.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4**Comments:**

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- Response to Objection Dated 07/10/2020 (Supporting Document)
- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Page one of the policyholder letter is shown as variable. Since this is the very first page of the letter, please provide an example of when this page number may change.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5**Comments:**

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 5

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: 1) The bracketing around option 2 in the section titled "What Options you Have" is confusing. Please correct.

2) Please explain the open brackets at the end of Option 2 and correct, if possible.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 6

Applies To:

- CGI(LOY) RINC(VA)(0120)-BR, CGI(LOY) RINC(VA)(0120)-BR (Form)
- CGI(LOY) RINC(VA)(0120)-CNFO, CGI(LOY) RINC(VA)(0120)-CNFO (Form)

Comments: Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear in prominent print on all forms. Please add the full licensed corporate name to both the Benefit Reduction form and the Contingent Non-Forfeiture form.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 7

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Will the Template ID appear in the final form of the letter? If not, please remove from the letter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 8

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: The SOV states that [Today's Date] is the date the letter will be mailed to the policyholder. Please verify that the policyholders will have a minimum of 75 days prior to the implementation date of the premium increase, from the date they receive the letter, to make any necessary decisions; as required in 14VAC5-200-75 D, .

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9**Comments:**

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 9

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Please revise the description of the Contingent Non-Forfeiture Option, in the letter and the FAQ, to meet the requirements of 14VAC5-200-185 E 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10**Comments:**

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 10

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Please provide the language in the policy that describes the Contingent Non-Forfeiture Benefit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 11**Comments:**

Please find our response attached under the heading "Response to Objection Dated 10/15/2020" on the Supporting Documentation tab.

Related Objection 11

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Comments: For consistency, please revise all references to the Virginia Bureau of Insurance to read the same throughout all forms. Using "the Bureau of Insurance" is acceptable.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
David Weizeorick

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/23/2020
Submitted Date	09/23/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 09/22/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please revise VA SCI Exhibits.pdf to reflect the revised rate increase request of 62%.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2018.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS - VA - Revised.pdf VA SCI Exhibits - Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2018.pdf VA SCI Exhibits.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS - VA - Revised.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2018.pdf VA SCI Exhibits.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS_ VA.pdf</i>

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2018.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS - VA - Revised.pdf VA SCI Exhibits - Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2018.pdf VA SCI Exhibits.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS - VA - Revised.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2018.pdf VA SCI Exhibits.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS_ VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 09/22/2020
Comments:	
Attachment(s):	SCI VA Objection 15 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Simonson

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/09/2020
Submitted Date	09/09/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the post-submission update, revising the Company Rate Information section of the Rate/Rule schedule to show the new rate request.

Related Objection 1

Applies To:

- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)
- VA - SCI L6000 Proposed Rate Sheets - 62%, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets - 62%, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)

Comments: Please revise the Company Rate Information section of the Rate/Rule Schedule, via post-submission update, to show the new rate request.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/22/2020
Submitted Date	07/22/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/22/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)
- Product Checklist (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- VA - SCI L6000 Proposed Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- Current Rate Sheets (Supporting Document)
- Response to Objection Dated 10/2/2018 (Supporting Document)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)
- Response to Objection Dated 3/15/2019 (Supporting Document)
- Response to Objection Dated 5/13/2019 (Supporting Document)
- Response to Objection Dated 6/13/2019 (Supporting Document)
- Response to Objection Dated 12/10/2019 (Supporting Document)
- CGI(LOY) RINC(VA)(0120)-BR, CGI(LOY) RINC(VA)(0120)-BR (Form)
- CGI(LOY) RINC(VA)(0120)-CNFO, CGI(LOY) RINC(VA)(0120)-CNFO (Form)
- Response to Objection Sent 02/05/2020 (Supporting Document)
- Response to Objection Sent 02/05/2020 #2 (Supporting Document)
- Response to Objection Sent 02/11/2020 (Supporting Document)

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

- Response to Objection Sent 03/18/2020 (Supporting Document)
 - Response to Objection Sent 04/08/2020 (Supporting Document)
 - Response to Objection Sent 06/17/2020 (Supporting Document)
 - CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)
- Comments: Please provide current contact information as the current email address and phone number do not work.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 07/22/2020
Comments:	
Attachment(s):	SCI VA Objection 13 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/07/2020
Submitted Date	08/07/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Dated 5/13/2019 (Supporting Document)

Comments: Please revise the SOV by removing the entry about Loyal American Life as that has already been removed from the letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>
Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Please remove the references to Great American and Loyal American in the address at the bottom of page 1.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 3

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: The section under "What Options You Have" is confusing. The available options seem to be numbered 1, 3, and 4, with a 2 in the middle of the option number 1.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: The Bureau of Insurance's website has changed. The new website is attached

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 5

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: In compliance with 14VAC5-200-75 A 2, provide an explanation of a policyholder's options in the event of further rate increases.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 6

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Please provide a statement that an insured has the right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 7

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: As required in 14VAC5-200-75 D 2(b), provide a disclosure to the insured that all options may not be of equal value. As a disclosure, this statement should be emphasized by either bolding, highlight, larger print, etc.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 8

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: In the case of a partnership policy, please provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 9

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Pursuant to 14VAC5-200-75 D, please verify that an insured will receive notice of a premium increase at least 75 days prior to the implementation of the increase.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 10

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 10

Applies To:

- CGI(LOY) RINC(VA)(0120)-BR, CGI(LOY) RINC(VA)(0120)-BR (Form)
- CGI(LOY) RINC(VA)(0120)-CNFO, CGI(LOY) RINC(VA)(0120)-CNFO (Form)
- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Please submit a copy of each form, in its final form, completed in a "John Doe" manner, to show how the form will be used.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 11

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 11

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: In compliance with 14VAC5-101-80 A, all variable information should be clear, easily understood, and fully explained in the Statement of Variability. Please revise the SOV to include a description of all variable information; to include names, addresses, policy numbers, dates, etc.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Response 12

Comments:

Please find our response attached under the heading "Response to Objection Dated 07/10/2020" on the Supporting Documentation tab.

Related Objection 12

Applies To:

- CGI(LOY) RINC(VA)(0120)-CNFO, CGI(LOY) RINC(VA)(0120)-CNFO (Form)
- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Since the Contingent Nonforfeiture form is designed to be returned to the company, please provide a description of the Contingent Nonforfeiture Benefit with number 4 under What Options You Have.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 5/13/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Simonson

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/19/2020
Submitted Date	06/19/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 06/17/2020" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Please move the Readability report to Supporting Documentation, as it is not subject to approval.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 06/17/2020
Comments:	
Attachment(s):	SCI VA Readability.pdf SCI VA Objection 11 - Response.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Simonson

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/09/2020
Submitted Date	04/09/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 04/08/2020".

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide the following data items:

- a.the total number of nationwide policies originally issued, and
- b.the number of policies remaining in active, premium-paying status.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 04/08/2020
Comments:	
Attachment(s):	SCI VA Objection 10 - Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Simonson

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/24/2020
Submitted Date	03/24/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 03/18/2020".

Related Objection 1

Applies To:

- Response to Objection Sent 02/11/2020 (Supporting Document)

Comments: Exhibit 11 does not provide the information that was requested. The information appears to have used actual historical experience and projected future experience. Instead, it should project on a calendar year basis the actual cohort of policies sold as if mortality, lapses and morbidity played out exactly as originally assumed at time of pricing. In other words, what would have been projected at the time of original pricing if the company had known exactly what policies would be sold.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 03/18/2020
Comments:	
Attachment(s):	SCI VA Objection 9 - Response.pdf Exhibit 13.pdf Exhibit 13 - Excel.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Cameron Zima

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/11/2020
Submitted Date	03/11/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/11/2020".

Related Objection 1

Applies To:

- CGI(LOY) RINC(VA)(0120) , CGI(LOY) RINC(VA)(0120) (Form)

Comments: Thank you for making a separate entry on the Forms Schedule for forms CGI(LOY) RINC(VA)(0120)-BR and CGI(LOY) RINC(VA)(0120)-CNFO. However they are also still attached to the Notification Letter. Please remove them from the letter, as they cannot be submitted for approval twice.

Changed Items:

No Supporting Documents changed.

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/11/2020".

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections necessary to evaluate the requests based on both the Prospective Present Value Approach (or Texas Method) and the "If-Knew/Makeup Blend" approach (or Minnesota Method).

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/05/2020 #2
Comments:	
Attachment(s):	SCI Objection 7 - VA - Response.pdf Rate Increase History.pdf Rate Increase History - Excel.xlsx Exhibit 8.pdf Exhibit 9.pdf Exhibit 10.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/05/2020 #2</i>
Comments:	
Attachment(s):	<i>SCI Objection 7 - VA - Response.pdf</i> <i>Rate Increase History.pdf</i> <i>Objection 7 Exhibits - Excel.xlsx</i> <i>Rate Increase History - Excel.xlsx</i> <i>Exhibit 8.pdf</i> <i>Exhibit 9.pdf</i> <i>Exhibit 10.pdf</i> <i>Exhibit 11.pdf</i>

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/05/2020 #2
Comments:	
Attachment(s):	SCI Objection 7 - VA - Response.pdf Rate Increase History.pdf Rate Increase History - Excel.xlsx Exhibit 8.pdf Exhibit 9.pdf Exhibit 10.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Sent 02/05/2020 #2</i>
Comments:	
Attachment(s):	<i>SCI Objection 7 - VA - Response.pdf</i> <i>Rate Increase History.pdf</i> <i>Objection 7 Exhibits - Excel.xlsx</i> <i>Rate Increase History - Excel.xlsx</i> <i>Exhibit 8.pdf</i> <i>Exhibit 9.pdf</i> <i>Exhibit 10.pdf</i> <i>Exhibit 11.pdf</i>
Satisfied - Item:	Response to Objection Sent 02/11/2020
Comments:	
Attachment(s):	VA - SCI Objection 8 - Response.pdf Exhibit 11.pdf Exhibit 12 - Excel.xlsx Exhibit 12.pdf Objection 7 Exhibits - Excel.xlsx

SERFF Tracking #:

GLTC-131622755

State Tracking #:

GLTC-131622755

Company Tracking #:

SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

Senior Class Individual Rate Increase, 2018/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/05/2020
Submitted Date	03/05/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/05/2020 #2".

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Comments: 1.For all projections requested in the next question, the baseline should comply with the following:

- a.All discounting (including projection with original assumptions) should be performed using the statutory valuation interest rates or appropriate average thereof.
- b.Any limited-pay policies that are now in paid-up status should be removed, both from historical experience and future projections.
- c.For this post-stability block, assumptions may include reasonable margins.
- d.Nationwide premiums should be calculated as if all policies were issued in Virginia for both historical and projected future premiums.

2.To assist the Bureau in its review, please provide (in Excel format) the following projections on a nationwide basis:

- a.current assumptions and current rates
 - b.current assumptions with the proposed rate increase
 - c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)
 - d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
 - e.original assumptions and original premiums from inception
- Projections a/e can be separate tabs or combined into separate columns on the same exhibit.

3.Please provide the active life reserves balance as of the projection date on a nationwide basis.

4.Exhibit D-1 shows that the implied lapse rates are significantly higher than the assumed ultimate lapse rate in durations 12+. Please explain why this assumption should be considered reasonable in light of the actual experience.

5.Please indicate the number of claims in the Companys experience used in the morbidity study as described in Appendix D to develop the actual to expected fitting factors.

6.Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/05/2020 #2
Comments:	
Attachment(s):	SCI Objection 7 - VA - Response.pdf Rate Increase History.pdf Objection 7 Exhibits - Excel.xlsx Rate Increase History - Excel.xlsx Exhibit 8.pdf Exhibit 9.pdf Exhibit 10.pdf Exhibit 11.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/06/2020
Submitted Date	02/10/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the new Supporting Documentation section entitled "Response to Objection Sent 02/05/2020".

Related Objection 1

Applies To:

- CGI(LOY) RINC(VA)(0120), CGI(LOY) RINC(VA)(0120)-BR, CGI(LOY) RINC(VA)(0120)-CNFO , CGI(LOY) RINC(VA)(0120), CGI(LOY) RINC(VA)(0120)-BR, CGI(LOY) RINC(VA)(0120)-CNFO (Form)

Comments: The forms numbered CGI(LOY) RINC(VA)(0120)-BR and CGI(LOY) RINC(VA)(0120)-CNFO are designed to be signed, removed from the policyholder letter and sent to the company. As such they must be treated as separate forms. Please put each form on a separate line in the Form Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Sent 02/05/2020
Comments:	
Attachment(s):	SCI Objection 6 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham
2	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
3	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cameron Zima

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/09/2020
Submitted Date	01/09/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 1

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: In accordance with 14VAC5-200-75 A 2, please provide a statement describing a policyholder's options in the event of future premium rate revisions.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 2

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: As this letter can be used only for Continental General Insurance, please remove the statement about being the administrator for Loyal American Life Insurance, and any other references to other insurance companies.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 3

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: In accordance with 14VAC5-200-75 A 4, please provide an explanation that a policyholder has the right to a revised premium or rate schedule if the premium or rate schedule is changed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 4

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: In compliance with 14VAC5-200-75 D 2, provide a disclosure that all options available to the policyholder may not be of equal value. As this is a disclosure, this statement should be emphasized (bolding, highlight, larger print, etc.)

The letter should also contain a disclosure stating that, in the case of a partnership policy, some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 5

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: Please provide a clear identification of the driving factors of the premium rate increase, in compliance with 14VAC5-200-75 D 3. The statement should be in clear, "consumer-friendly" language that would allow a policyholder, with little or no insurance knowledge, to understand the reasons for the increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 6

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: 14VAC5-100-50 2 requires that the full and proper corporate name shall appear prominently on the form. The Bureau feels the corporate name, as shown on the top, left corner of the page does not fulfill the prominence requirement of the regulation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 7

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: In the event the company address changes, and to prevent having to re-file the letter for approval, we might suggest adding brackets to the corporate address.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 8

Applies To:

- SCI Policyholder Notification Letter VA, (Form)

Comments: In accordance with 14VAC5-110-50 D, provide a readability report for the policyholder letter including the number of sentences, words, syllables, and a Flesch reading ease score of 40 or better.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
<i>Previous Version</i>								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Huyen Pham

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/14/2019
Submitted Date	06/14/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 1

Applies To:

- VA - SCI L6000 Proposed Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Proposed Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: The SERFF Tracking Number provided as the Previous State Filing Number (GLTC--130563086) is not a working number. Please provide a working SERFF number for the Previous State Filing Number.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 6/13/2019
Comments:	
Attachment(s):	SCI Objection 4 Response VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Huyen Pham

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/12/2019
Submitted Date	06/12/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please move the Policyholder Notification Letter to the Forms Schedule for approval.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 3/15/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf</i>
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 2

Applies To:

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please submit a Statement of Variability for the Policyholder Notification Letter to Supporting Documentation. The Statement should describe, in detail, each variable field appearing in the form, and describe specifically how that field will vary from the text as presented

Changed Items:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 3/15/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 3/15/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 3

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Applies To:

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please explain how the policy will be updated to reflect any changes the insured may choose to reduce the effects of the proposed rate increase. If the policy is revised or changed in any way, the policy owner must agree to the changes and the policy must be amended or endorsed by an approved form, such as a rider, endorsement, or application that has been reviewed and approved by the Bureau of Insurance.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 3/15/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 3/15/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf</i>

Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 4

Applies To:

- Response to Objection Dated 3/15/2019 (Supporting Document)

Comments: Please provide the SERFF Tracking number when this filing was originally submitted for approval.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 3/15/2019</i>
Comments:	
Attachment(s):	<i>SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf</i>
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf Statement of Variability - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Huyen Pham

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/19/2019
Submitted Date	04/19/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Dated 10/2/2018 (Supporting Document)

Comments: Thank you for your response to our last objections. In regards to question 3, please provide the State Filing Number of the most recently approved filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 2

Applies To:

- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: Even if those these riders aren't getting a rate increase, please add the rates to the Rate/Rule Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf

No Form Schedule items changed.

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA- SCI L6000 Riders Unaffected by Rate Increase	L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request:	VA - SCI L6000 Riders.pdf,	04/19/2019 By: Huyen Pham
<i>Previous Version</i>						
1	VA- SCI L6000 Riders Unaffected by Rate Increase	L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013	Revised	Previous State Filing Number: Percent Rate Change Request:		09/12/2018 By: Huyen Pham
2	VA- SCI LTC02 Riders Unaffected by Rate Increase	LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request:	VA - SCI LTC02 Riders.pdf,	04/19/2019 By: Huyen Pham
<i>Previous Version</i>						
2	VA- SCI LTC02 Riders Unaffected by Rate Increase	LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA	Revised	Previous State Filing Number: Percent Rate Change Request:		09/12/2018 By: Huyen Pham

Response 3

Comments:

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Please find our response attached to the Supporting Documentation tab.

Related Objection 3

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
<hr/>					
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Comments: 14VAC5-200-75 requires that any policyholder notifications regarding rate increases must be filed with the Commission at the time the premium rate increase is filed and must include the following information:

oThe insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D;

o14VAC5-200-75 A 1 which requires a statement indicating the policy may be subject to future rate increases;

o14VAC5-200-75 A 2 which requires a statement that should there be future rate increases, options like those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase;

[SUGGESTED WORDING]: In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your policy.

o14VAC5-200-75 A 3 which requires a statement indicating the premium rate or rate schedules that will be effect;

o14VAC5-200-75 A 4 (a.) at which requires a description of when the premium rate or rate schedule adjustments will be effective; and (b.) which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.

oA clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:

An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;

A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;

In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. As stated above, the information should be emphasized to bring attention to it; and

Contact information that will allow the policyholder to contact the insurer for additional options available;

oA clear identification of the driving factors of the premium rate increase; and

oA statement substantially like the following:

The rate increase request was reviewed by Virginias State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

oBecause the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left-hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

olf rate increases are to be phased in over multiple years, provide a letter that will be sent with each rate increase implementation notice.

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

oThe policyholder notification should address insureds who are on premium waiver due to a claim.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf SCI Policyholder Notification Letter – VA.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Huyen Pham

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/01/2018
Submitted Date	11/01/2018

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 1

Applies To:

- VA - SCI L6000 Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)
- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)
- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: The Rate/Rule Schedule should contain only those rates submitted for approval. Please remove the Current Rates and move them to Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	VA - SCI L6000 Current Rate Sheets.pdf VA - SCI LTC02 Current Rate Sheets.pdf

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	VA - SCI L6000 Current Rate Sheets.pdf VA - SCI LTC02 Current Rate Sheets.pdf
Satisfied - Item:	Response to Objection Dated 10/2/2018
Comments:	
Attachment(s):	SCI Objection 1 Response - VA.pdf

No Form Schedule items changed.

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA - SCI L6000 Proposed Rate Sheets	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 132.6	VA - SCI L6000 Proposed Rate Sheets.pdf,	11/01/2018 By: Huyen Pham
<i>Previous Version</i>						
1	VA - SCI L6000 Rate Sheets	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 132.6	VA - SCI L6000 Rate Sheets.pdf,	09/12/2018 By: Huyen Pham
2	VA - SCI LTC02 Proposed Rate Sheets	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 132.6	VA - SCI LTC02 Proposed Rate Sheets.pdf,	11/01/2018 By: Huyen Pham
<i>Previous Version</i>						
2	VA - SCI LTC02 Rate Sheets	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 132.6	VA - SCI LTC02 Rate Sheets.pdf,	09/12/2018 By: Huyen Pham

Response 2

Comments:

Please find our response attached to the Supporting Documentation tab.

Related Objection 2

Applies To:

- VA - SCI L6000 Rate Sheets, [L-6000-NQ-VA, L-6000-TQ-VA] (Rate)
- VA - SCI LTC02 Rate Sheets, [LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA] (Rate)

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

- VA- SCI L6000 Riders Unaffected by Rate Increase, [L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013] (Rate)

- VA- SCI LTC02 Riders Unaffected by Rate Increase, [LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA] (Rate)

Comments: 1) We could not find when the forms included in the Affected Form Numbers section of the Rate/Rule Schedule were approved. Please provide the SERFF tracking number under which these forms were approved.

2) Please revise the Rate Action Information to include the Previous State Filing Number.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	VA - SCI L6000 Current Rate Sheets.pdf VA - SCI LTC02 Current Rate Sheets.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	VA - SCI L6000 Current Rate Sheets.pdf VA - SCI LTC02 Current Rate Sheets.pdf

Satisfied - Item:	Response to Objection Dated 10/2/2018
Comments:	
Attachment(s):	SCI Objection 1 Response - VA.pdf

No Form Schedule items changed.

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA - SCI L6000 Proposed Rate Sheets	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 132.6	VA - SCI L6000 Proposed Rate Sheets.pdf,	11/01/2018 By: Huyen Pham
<i>Previous Version</i>						
1	VA - SCI L6000 Rate Sheets	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 132.6	VA - SCI L6000 Rate Sheets.pdf,	09/12/2018 By: Huyen Pham
2	VA - SCI LTC02 Proposed Rate Sheets	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 132.6	VA - SCI LTC02 Proposed Rate Sheets.pdf,	11/01/2018 By: Huyen Pham
<i>Previous Version</i>						
2	VA - SCI LTC02 Rate Sheets	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 132.6	VA - SCI LTC02 Rate Sheets.pdf,	09/12/2018 By: Huyen Pham

Conclusion:

Thank you for your continued review of this filing.

Sincerely,
Huyen Pham

Sincerely,
Huyen Pham

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Amendment Letter

Submitted Date: 06/14/2021

Comments:

Please see the revised policyholder letter, CGI(LOY) – RINC(VA)(0120).pdf. The letter has been revised to be in accordance with the 5/5/2021 objection the Company received for its other Virginia rate filing (#GLTC-131940319). Please also see a discussion of the letter changes attached under the heading "Policyholder letter update 06/14/2021" on the Supporting Documentation tab.

Changed Items:

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 06/14/2021 By:
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 03/11/2021 By: David Weizeorick
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 12/04/2020 By: David Weizeorick
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	CGI(LOY) – RINC(VA)(0120).pdf	Date Submitted: 08/07/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 06/19/2020 By: Noah Simonson
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	SCI VA Readability.pdf, RINC Letter - SCI - VA - 2019 Revised v2.pdf	Date Submitted: 03/11/2020 By: Cameron Zima
Previous Version								
1	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 02/10/2020 By: Cameron Zima
Previous Version								

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	Notification Letter	57.100	RINC Letter - SCI - VA - 2019 Revised v2.pdf, SCI VA Readability.pdf	Date Submitted: 01/09/2020 By: Huyen Pham
Previous Version								
1	SCI Policyholder Notification Letter – VA		OTH	Other	Notification Letter		SCI Policyholder Notification Letter – VA.pdf	Date Submitted: 06/12/2019 By: Huyen Pham

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder letter update 06/14/2021
Comments:	
Attachment(s):	Policyholder Letter Update.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Amendment Letter

Submitted Date: 03/09/2021

Comments:

The form CGI(LOY) – RINC(VA)(0120)-BR.pdf on the Form Schedule tab has been revised. It is now consistent with the form submitted in response to the objection dated 1/19/2021.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 03/09/2021 By:
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 12/04/2020 By: David Weizeorick
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 08/07/2020 By: Noah Simonson
<i>Previous Version</i>								
1	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf	Date Submitted: 02/10/2020 By: Cameron Zima

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Amendment Letter

Submitted Date: 11/13/2020

Comments:

Response to Objection Dated 10/15/2020 Follow-up: Please see the attached supporting documents

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/15/2020
Comments:	
Attachment(s):	SCI VA Objection 16 - Response.pdf Certification of Compliance_SCI RINC Ltr.pdf Readability Certificate_SCI RINC Ltr.pdf CGI(LOY) – RINC(VA)(0120).pdf CGI(LOY) – RINC(VA)(0120)-BR.pdf CGI(LOY) – RINC(VA)(0120)-CNFO.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Amendment Letter

Submitted Date: 09/08/2020

Comments:

Please find our Amendment attached under the heading "Amendment - 62%" on the Supporting Documentation tab, along with corresponding documents to update the rate request to 62%.

Changed Items:

No Form Schedule Items Changed.

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA - SCI L6000 Proposed Rate Sheets - 62%	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 62	VA - SCI L6000 Proposed Rate Sheets - 62%.pdf,	09/08/2020 By:
Previous Version						
1	VA - SCI L6000 Proposed Rate Sheets	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 132.6	VA - SCI L6000 Proposed Rate Sheets.pdf,	11/01/2018 By: Huyen Pham
Previous Version						
1	VA - SCI L6000 Rate Sheets	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 132.6	VA - SCI L6000 Rate Sheets.pdf,	09/12/2018 By: Huyen Pham
2	VA - SCI LTC02 Proposed Rate Sheets - 62%	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 62	VA - SCI LTC02 Proposed Rate Sheets - 62%.pdf,	09/08/2020 By:
Previous Version						
2	VA - SCI LTC02 Proposed Rate Sheets	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 132.6	VA - SCI LTC02 Proposed Rate Sheets.pdf,	11/01/2018 By: Huyen Pham
Previous Version						
2	VA - SCI LTC02 Rate Sheets	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 132.6	VA - SCI LTC02 Rate Sheets.pdf,	09/12/2018 By: Huyen Pham

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Rate/Rule Schedule Item Changes						
		TQ-VA		Percent Rate Change Request: 132.6		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LTC Insurance Rate Request Summary.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LTC Insurance Rate Request Summary - VA.pdf

Satisfied - Item:	Amendment - 62%
Comments:	
Attachment(s):	Exhibit 4 - Revised.pdf Exhibit 5 - Revised.pdf Exhibit 7 - Revised.pdf SCI VA Amendment - Response.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2018.pdf VA SCI Exhibits.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS - VA - Revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2018.pdf VA SCI Exhibits.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS_VA.pdf

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Note To Reviewer

Created By:

David Weizeorick on 05/10/2021 10:29 AM

Last Edited By:

Bobby Toone

Submitted On:

06/21/2021 03:57 PM

Subject:

Objection dated 4/7/2021 - Respond By Date

Comments:

Since the Department is still reviewing the forms under this filing, and no response by the Company is required during this review, could the Department please extend the "Respond By Date" under the current outstanding objection? Currently, the objection indicates a response by the Company was required by 5/7.

SERFF Tracking #: GLTC-131622755

State Tracking #: GLTC-131622755

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia

Filing Company: Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care

Project Name/Number: Senior Class Individual Rate Increase, 2018/

Note To Filer

Created By:

Bobby Toone on 04/12/2021 07:45 AM

Last Edited By:

Bobby Toone

Submitted On:

04/20/2021 08:17 AM

Subject:

Clarification Request

Comments:

I apologize for the confusion. I was referring to the forms included in this filing (Policyholder Letter; Benefit Reduction Page; and CNFO Page).

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Note To Reviewer

Created By:

David Weizeorick on 04/09/2021 03:26 PM

Last Edited By:

Bobby Toone

Submitted On:

04/20/2021 08:17 AM

Subject:

Objection dated 4/7/2021 - Clarification Request

Comments:

Regarding the objection's comment "the filing may not be approved until the forms review is complete," is this referring to the two form filings #GLTC-132321257 and #GLTC-132321078?

The Company is currently addressing outstanding objections for these form filings and will respond promptly. Thank you for your continued consideration.

SERFF Tracking #: GLTC-131622755

State Tracking #: GLTC-131622755

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care

Project Name/Number: Senior Class Individual Rate Increase, 2018/

Note To Reviewer

Created By:

David Weizeorick on 11/13/2020 09:20 AM

Last Edited By:

Bobby Toone

Submitted On:

04/20/2021 08:17 AM

Subject:

Response to Objection Dated 10/15/2020 Follow-up

Comments:

Please see the amendment with the supporting documents attached.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Note To Filer

Created By:

Bobby Toone on 11/13/2020 07:39 AM

Last Edited By:

Bobby Toone

Submitted On:

04/20/2021 08:17 AM

Subject:

"Response to Objection Dated 10/15/2020"

Comments:

We could not find this objection response in Supporting Documentation. Please verify it was submitted.

SERFF Tracking #: GLTC-131622755

State Tracking #: GLTC-131622755

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia

Filing Company: Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care

Project Name/Number: Senior Class Individual Rate Increase, 2018/

Note To Filer

Created By:

Bobby Toone on 01/07/2020 01:43 PM

Last Edited By:

Bobby Toone

Submitted On:

07/22/2020 10:49 AM

Subject:

Objection dated 12/10/2019 - Clarification Request

Comments:

To meet the prominence requirement, we would like the font size of the corporate name and address to be, at least, the same font size as the body of the letter. As it stands now, the corporate name appears to have a font size of 10 while the letter itself is a 12.

State: Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care

Project Name/Number: Senior Class Individual Rate Increase, 2018/

Note To Reviewer

Created By:

Huyen Pham on 01/07/2020 10:53 AM

Last Edited By:

Bobby Toone

Submitted On:

07/22/2020 10:49 AM

Subject:

Objection dated 12/10/2019 - Clarification Request

Comments:

The Company has a few clarifying questions in regards to the objection dated 12/10/2019.

In regards to the 6th requested item, the Company noticed that the font size of the corporate name may not fulfill the prominence requirement of the regulations. Would you please provide more guidance and specify if any additional revisions are required?

Thank you for your continued review of this filing.

Sincerely,
Huyen Pham

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Note To Filer

Created By:

Bobby Toone on 04/15/2019 07:43 AM

Last Edited By:

Bobby Toone

Submitted On:

06/13/2019 07:28 AM

Subject:

Extension Request

Comments:

An extension to 4/26/2019 is granted.

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Note To Reviewer

Created By:

Huyen Pham on 04/12/2019 01:45 PM

Last Edited By:

Bobby Toone

Submitted On:

06/13/2019 07:28 AM

Subject:

Extension Request

Comments:

May the Company please request a two-week extension to respond to the Department's letter dated 3/15/2019? If granted, we will submit a response by 4/26/2019.

Thank you for your continued review of this filing.

Sincerely,
Huyen Pham

SERFF Tracking #: GLTC-131622755

State Tracking #: GLTC-131622755

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia

Filing Company: Continental General Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care

Project Name/Number: Senior Class Individual Rate Increase, 2018/

Reviewer Note

Created By:

Bobby Toone on 06/21/2021 03:59 PM

Last Edited By:

Bobby Toone

Submitted On:

06/21/2021 04:00 PM

Subject:

Actuarial Opinion and Final Report

Comments:

Rec'd Final Report - 6/9/2020

Recommends we negotiate lower increase

JOHN T. CONDO, FSA, MAAA, PHD
ROBERT B. CROMPTON, FSA, MAAA
DAVID E. NEVE, FSA, MAAA, CERA
CANDE OLSEN, FSA, MAAA, CLU



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994-9895 • SHAWN.PARKS@ARCGA.COM

SHAWN D. PARKS, FSA, MAAA
NAZNEE RIAS, FSA, MAAA, CERA
NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

June 9, 2020

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #GLTC-131622755**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **Continental General Insurance Company** (the “Company”). This is a filing of revised premium rates for a block of Long Term Care Insurance plans.

Regulatory Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-153. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has failed to demonstrate that the full amount of their requested increase is in compliance with 14VAC5-200-153. While the 58/85 Test is passed, the future loss ratio after deducting active life reserves would limit the allowable increase to 93%. Considering only the requirements of the applicable regulations, I would recommend the Bureau ask the Company to reduce its request to 93%.

Other Extra-Regulatory Considerations

In addition to the regulatory analysis referenced above, I have reviewed a series of extra-regulatory tests that the Bureau considers for LTC rate filings. The maximum rate increase allowed under each of those tests is shown in the chart below:

Compliant Increase under 14VAC5-200-153	93%
Additional Test	Max Allowed
PV Future Loss	128%
Prospective PV	69.7%
If-Knew/Makeup	110.4%
State Equity	85%



Two of the additional tests (Prospective PV test and the state equity comparison) would result in the rate increase needing to be further limited. Based on these additional tests, the Bureau may want to consider asking the Company to further reduce their request below the 93% allowed by regulation.

Background

The Company submitted a rate increase request of 132.6% for this block of business. These post-stability policy forms were issued in Virginia from 2004 through 2007 and, as of 12/31/2017, there were 19 policyholders in force with \$26k of annualized premium. No previous increases have been approved in Virginia.

Methodology

My approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, and d) review the assumptions and projections for reasonableness.

Analysis

Assumptions

The assumptions are consistent with cash flow testing assumptions.

The Company utilized the average valuation interest rate for discounting in all projections as required by 14VAC5-200-150.

Mortality

The assumption is 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors. Historical mortality improvement was assumed equal to 0.6% per year, with 2000 as the central year.

Voluntary Lapse

The ultimate lapse rate assumption ranges from 0.20% to 1.52% in years 15+, varying by marital status, inflation, and gender. This is consistent with assumptions we have seen for others in the industry. Additionally, shock lapses are assumed due to the magnitude of the rate increase.

Morbidity

The current morbidity assumption is based on Company experience and judgment in conjunction with the 2104 Milliman LTCGs. The Company adjusts its incidence for adverse selection after a rate increase with a permanent 5.7% increase in morbidity.

The Actual-to-Expected ratio for claim costs is 97% based on 449 claims for these policy forms.

The incidence assumptions are based on 6,372 claims nationwide. Based on the formula recommended by the American Academy of Actuaries (“AAA”) in a Long-term Care Credibility Monograph issued in August 2016 sets 3,246 claims as the standard for full credibility. Therefore, the credibility for the Company experience is 100%.

Loss Ratio Testing

The results below show the results of the loss ratio projections.

Segment	Original LR	No Increase		With Increase		From Inception
		Future*	Lifetime	Future*	Lifetime	
All	63%	110%	100%	43%	70%	45%

* after deducting ALR

The future loss ratio would restrict the allowable rate increase to **93%**.

This post-stability business is subject to the 63/85 Test.

Segment	Test	Required Claims	Projected Claims	PASS/ FAIL	Allowed
All	63/85	251.1M	254.2M	PASS	full

Present Value of Future Loss Test

Segment	Original	Current	Proposed	Allowed
All	-40M	-148M	-36M	128%

Prospective PV (Texas Method)

The allowable increase based on this method is **69.7%**. Details are shown in Exhibit 5 submitted by the Company.

If-Knew/Makeup Blend (Minnesota Method)

The allowable increase based on this method is **110.4%**. Details are shown in Exhibit 5 submitted by the Company.

State Rate Equity

Segment	VA Curr	VA Prop	NW Curr	NW Prop
All	0%	132.6%	61%	85%

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate,



incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me for discussion.

Sincerely,

Shawn D. Parks, FSA, MAAA

State Tracking #: GLTC-131622755

Company Tracking #: SENIOR CLASS INDIVIDUAL
RATE INCREASE, 2...

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Reviewer Note

Created By:

Bobby Toone on 03/13/2019 02:28 PM

Last Edited By:

Bobby Toone

Submitted On:

06/22/2021 08:53 AM

Subject:

RRS

Comments:

RRS1

RRS2

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Continental General Insurance Company
SERFF Tracking Number:	GLTC-131622755
Effective Date:	After approval has been granted, as allowed per regulation.

Revised Rates

Average Annual Premium Per Member:	1,373
Average Requested Percentage Rate Change Per Member:	132.6%
Minimum Requested Percentage Rate Change Per Member:	132.6%
Maximum Requested Percentage Rate Change Per Member:	132.6%
Number of Policy Holders Affected :	19

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LTC-020201 L-6000	N/A N/A

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Summary of Key Information

The main driver of the rate increase needed on these policy forms is increased persistency compared to that assumed at the time of the original pricing. Policyholders are retaining their policies longer than was anticipated which is resulting in more policies reaching advanced ages at which claims occur more frequently and with higher severity.

Long Term Care Insurance Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name: Continental General Insurance Company

NAIC Code: 71404

SERFF Tracking Number: GLTC-131622755

Disposition: Approved & Filed

Approval Date: 6/21/2021

Revised Rates

Average Annual Premium Per Member: \$1,373

Average Requested Percentage Rate Change Per Member: 62%

Minimum Requested Percentage Rate Change Per Member: 62%

Maximum Requested Percentage Rate Change Per Member: 62%

Number of Policy Holders Affected: 19

Summary of the Bureau of Insurance's review of the rate request:

The Company originally requested a rate increase of 132.6% for this block of individual long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to 62%.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in 14VAC5-200-153 of the Virginia Administrative Code for policies issued on or after October 1, 2003. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 75.8% with the increase, which exceeds the minimum required loss ratio.

The Company has advised that no further rate increases are anticipated, if the requested rate increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at:
<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: Senior Class Individual Rate Increase, 2018/

Post Submission Update Request Processed On 09/09/2020

Status: Allowed
Created By: Cameron Zima
Processed By: Bobby Toone
Comments: Allowed

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	62	132.6

Company Rate Information:

Company Name:Continental General Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	62.000%	166.800%
Overall % Rate Impact	62.000%	132.600%
Written Premium Change for this Program	\$16173	\$34586
Maximum %Change (where required)	62.000%	132.600%
Minimum %Change (where required)	62.000%	132.600%

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Form Schedule

Lead Form Number: LTC-020201 et al.								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 06/21/2021	CGI(LOY) – RINC(VA)(0120)	CGI(LOY) – RINC(VA)(0120)	OTH	Other	Notification Letter	55.400	CGI(LOY) – RINC(VA)(0120).pdf
2	Filed 06/21/2021	CGI(LOY) – RINC(VA)(0120)-BR	CGI(LOY) – RINC(VA)(0120)-BR	OTH	Other	Benefit Reduction Page		CGI(LOY) – RINC(VA)(0120)-BR.pdf
3	Filed 06/21/2021	CGI(LOY) – RINC(VA)(0120)-CNFO	CGI(LOY) – RINC(VA)(0120)-CNFO	OTH	Other	CNFO Page		CGI(LOY) – RINC(VA)(0120)-CNFO.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Continental General Insurance Company

[P.O. Box 203098
Austin, TX 78720-3098]

[TEMPLATE ID]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: [XXXXXXXXXX]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [Rate Increase Effective Date].

Current [Modal] Premium [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [XX]%
---	-------------------------------------	--------------------------------------

[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] The Company reserves the right to request a future rate increase as per the policy. Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**

Your premium change will automatically occur on [Rate Increase Effective Date] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**

This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.] [

3. **]Stop paying premiums by choosing the Contingent Nonforfeiture benefit**

This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to Us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,

[W. Travis Simpson]

[Senior Vice President and Chief Operating Officer]

Enclosures - Frequently Asked Questions, [Benefit Reduction Form,] Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx). You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value. If you have a partnership policy, some benefit reduction options may result in a loss in partnership status.** Please call us toll-free at [866-830-0607] if you have questions regarding benefit reduction options.

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [Rate Increase Effective Date + 120 Days], the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call us toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at [866-830-0607]. Our Client Services Department can help.

Your premium will increase to [\$X,XXX.XX] on [Rate Increase Effective Date]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to Us in the envelope provided.

☐ **[Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit**

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	[\$XXX,XXX]
Reduced Maximum Lifetime Benefit	[\$XXX,XXX]
Premium After Reducing Benefit	[\$X,XXX.XX]

☐ **[Benefit Reduction Option [2] – Lower Your Maximum Daily Benefit**

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	[\$XXX.XX]
Reduced Long-Term Care Daily Benefit	[\$XXX.XX]
[Original Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
Reduced Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
Premium After Reducing Benefit	[\$X,XXX.XX]

☐ **[Benefit Reduction Option [3] – Increase Your Elimination Period**

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	[XX Days]
Increased Elimination Period	[XX Days]
Premium After Increasing Elimination Period	[\$X,XXX.XX]

By signing below, I am authorizing Continental General Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____ Date: _____

Policy No. _____ Policy Holder Name: [Policy Holder Name]
[Policy Number]

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:

If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.
2. Lapse your policy between now and [Rate Increase Effective Date + 120 Days]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental General Insurance Company	62.000%	62.000%	\$16,173	19	\$26,087	62.000%	62.000%

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA - SCI L6000 Proposed Rate Sheets - 62%	L-6000-NQ-VA, L-6000-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 62	VA - SCI L6000 Proposed Rate Sheets - 62%.pdf,
2		VA - SCI LTC02 Proposed Rate Sheets - 62%	LTC-020201-UTA-NQ-VA, LTC-020201-UTA-TQ-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request: 62	VA - SCI LTC02 Proposed Rate Sheets - 62%.pdf,
3		VA- SCI L6000 Riders Unaffected by Rate Increase	L-6006-VA, L-6007, L-6008, L-6009, L-6010, L-6011, L-6012, L-6013	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request:	VA - SCI L6000 Riders.pdf,
4		VA- SCI LTC02 Riders Unaffected by Rate Increase	LTC-020201-UTA-SBR, LTC-020201-UTA-CMP, LTC-020201-UTA-GPO, LTC-020201-UTA-RBR, LTC-020201-UTA-SEE, LTC-020201-UTA-SMP, LTC-020201-UTA-WOP, LTC-020201-UTA-SBP-VA	Revised	Previous State Filing Number: GLTC-130563086 Percent Rate Change Request:	VA - SCI LTC02 Riders.pdf,

Rate Sheets with Proposed Premium Rate Increase

**Continental General Insurance Company
Individual Long Term Care Form L-6000-NQ
Base Premiums for: \$10/Day NH Only
7-Day Elimination Period**

Annual Premiums for Preferred Risks

Issue	-----	Benefit Period (Days)			-----		
<u>Age</u>		<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$26	\$29	\$31	\$32	\$34	\$36
39		28	31	32	36	37	39
40		29	32	36	37	39	42
41		31	34	39	41	42	45
42		32	39	41	44	47	49
43		34	41	44	47	50	52
44		37	44	45	50	52	55
45		39	45	50	52	53	58
46		41	47	52	53	58	62
47		42	49	53	58	62	65
48		44	50	55	60	63	66
49		45	52	57	62	65	70
50		47	53	58	63	66	70
51		49	55	60	65	68	71
52		50	57	63	66	70	73
53		50	60	66	70	73	79
54		52	62	70	73	76	84
55		53	65	71	76	81	89
56		58	70	76	81	86	92
57		60	71	79	86	89	97
58		65	78	86	92	99	107
59		70	86	94	100	105	115
60		75	91	104	110	113	125
61		81	99	110	117	125	134
62		87	105	117	126	130	144
63		92	113	126	136	143	154
64		100	123	136	147	154	167
65		109	133	147	157	165	178
66		117	143	156	168	177	190
67		123	151	167	180	190	201
68		138	168	190	201	211	227
69		152	188	207	224	232	249
70		167	204	228	245	254	274
71		181	224	248	266	279	298
72		194	240	269	288	301	322
73		228	280	311	337	352	376
74		261	321	356	384	402	429
75		292	360	403	431	452	484
76		324	400	447	480	504	535
77		356	441	491	530	552	590
78		392	488	544	585	611	651
79		429	531	596	638	671	713
80		467	578	650	697	729	774
81		504	625	700	752	789	834
82		541	669	750	810	849	897
83		578	718	805	865	906	957
84		612	765	857	919	966	1,021
85		654	813	910	980	1,029	1,087
86	**	720	895	1,001	1,078	1,132	1,196
87	**	792	984	1,102	1,186	1,245	1,315
88	**	871	1,082	1,212	1,305	1,369	1,447
89	**	958	1,191	1,333	1,435	1,506	1,592
90	**	1,054	1,310	1,466	1,578	1,657	1,751
91	**	1,159	1,441	1,613	1,736	1,822	1,926
92	**	1,275	1,585	1,774	1,910	2,005	2,118
93	**	1,403	1,743	1,952	2,101	2,205	2,330
94	**	1,543	1,918	2,147	2,311	2,426	2,563
95	**	1,698	2,109	2,361	2,542	2,668	2,819
96	**	1,867	2,320	2,598	2,796	2,935	3,101
97	**	2,054	2,552	2,857	3,076	3,229	3,412
98	**	2,259	2,808	3,143	3,384	3,551	3,753
99+	**	2,485	3,088	3,457	3,722	3,906	4,128

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 50% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue	-----	Benefit Period (Days)		-----			
<u>Age</u>		<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$28	\$31	\$32	\$36	\$37	\$39
39		29	32	36	39	41	42
40		31	36	39	41	42	45
41		32	37	42	44	45	49
42		34	42	44	47	50	52
43		36	44	47	50	53	57
44		41	47	49	53	55	60
45		42	49	53	57	58	63
46		44	50	57	58	63	66
47		45	52	58	63	66	70
48		47	53	60	65	68	71
49		49	57	62	66	70	75
50		50	58	63	68	71	76
51		52	60	65	70	73	78
52		53	62	68	71	75	79
53		55	65	71	75	79	86
54		57	66	75	79	83	91
55		58	70	78	83	87	96
56		63	75	83	87	92	100
57		65	78	86	92	96	105
58		70	84	92	100	107	115
59		75	92	102	109	113	125
60		81	99	112	118	123	134
61		87	107	118	126	134	146
62		94	113	126	136	141	156
63		100	123	136	147	154	167
64		109	133	147	159	167	180
65		117	144	159	170	178	193
66		126	154	168	181	191	206
67		133	162	180	194	204	217
68		149	181	204	217	228	245
69		165	203	224	241	251	269
70		180	220	246	264	275	296
71		196	241	267	287	301	322
72		211	259	290	311	326	348
73		246	303	337	365	381	407
74		282	347	386	415	434	463
75		316	389	436	467	489	523
76		350	433	483	518	544	578
77		386	476	531	572	598	638
78		424	527	588	632	661	705
79		465	575	645	690	726	771
80		504	625	701	753	787	838
81		544	676	757	813	852	902
82		585	724	812	875	917	970
83		625	776	870	935	978	1,035
84		663	826	927	993	1,043	1,103
85		708	880	985	1,059	1,111	1,175
86	**	779	968	1,083	1,165	1,222	1,292
87	**	857	1,064	1,192	1,282	1,345	1,421
88	**	942	1,171	1,311	1,410	1,479	1,563
89	**	1,036	1,288	1,442	1,551	1,627	1,720
90	**	1,140	1,417	1,586	1,706	1,790	1,892
91	**	1,254	1,558	1,745	1,877	1,969	2,081
92	**	1,380	1,714	1,919	2,065	2,166	2,289
93	**	1,518	1,886	2,111	2,271	2,382	2,518
94	**	1,669	2,074	2,322	2,498	2,620	2,769
95	**	1,836	2,282	2,555	2,748	2,882	3,046
96	**	2,020	2,510	2,810	3,023	3,171	3,351
97	**	2,222	2,761	3,091	3,325	3,488	3,686
98	**	2,444	3,037	3,400	3,658	3,837	4,055
99+	**	2,688	3,341	3,740	4,023	4,220	4,460

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 80% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue	-----	Benefit Period (Days)		-----			
<u>Age</u>		<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$29	\$32	\$36	\$37	\$39	\$41
39		31	36	37	41	42	44
40		32	37	41	42	47	49
41		34	41	44	47	49	53
42		36	44	45	50	52	58
43		37	45	50	53	55	62
44		42	49	52	57	58	65
45		44	50	57	58	65	68
46		45	52	58	65	66	73
47		47	57	62	66	70	78
48		49	58	63	70	71	79
49		50	60	65	71	75	83
50		52	62	66	73	76	84
51		53	63	70	75	78	86
52		55	65	71	76	81	87
53		57	66	75	81	86	92
54		58	70	79	86	89	99
55		60	73	83	89	94	104
56		65	79	86	92	99	109
57		66	81	91	99	104	113
58		73	89	99	107	115	125
59		78	96	109	117	123	136
60		84	104	117	126	133	146
61		91	112	125	136	143	157
62		96	120	134	144	152	167
63		105	130	144	157	165	180
64		113	139	157	170	177	194
65		122	151	168	180	190	207
66		130	159	178	193	201	219
67		138	170	191	206	215	233
68		156	191	212	228	240	259
69		170	211	235	253	266	287
70		185	230	258	279	292	314
71		203	251	282	301	318	342
72		217	271	303	327	340	369
73		253	314	353	381	399	431
74		288	358	403	434	455	489
75		324	403	452	489	512	551
76		360	447	502	541	569	609
77		394	492	552	596	625	669
78		434	543	611	658	690	739
79		475	595	669	721	757	807
80		515	646	727	784	821	876
81		556	697	786	846	886	944
82		596	748	844	909	953	1,013
83		637	799	902	970	1,017	1,081
84		677	851	959	1,034	1,084	1,150
85		723	907	1,021	1,102	1,153	1,223
86	**	795	998	1,123	1,212	1,269	1,345
87	**	874	1,098	1,235	1,333	1,396	1,480
88	**	962	1,207	1,358	1,466	1,535	1,628
89	**	1,058	1,328	1,494	1,613	1,689	1,791
90	**	1,164	1,461	1,644	1,774	1,858	1,970
91	**	1,280	1,607	1,808	1,952	2,043	2,167
92	**	1,408	1,768	1,989	2,147	2,248	2,383
93	**	1,549	1,945	2,188	2,361	2,473	2,622
94	**	1,704	2,139	2,407	2,598	2,720	2,884
95	**	1,874	2,353	2,647	2,857	2,992	3,172
96	**	2,061	2,588	2,912	3,143	3,291	3,490
97	**	2,268	2,847	3,203	3,457	3,620	3,839
98	**	2,494	3,132	3,523	3,803	3,982	4,222
99+	**	2,744	3,445	3,876	4,183	4,380	4,645

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 100% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue <u>Age</u>	----- <u>Benefit Period (Days)</u>	<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$31	\$34	\$37	\$39	\$41	\$44
39		32	37	39	42	44	47
40		34	39	42	45	49	52
41		36	42	45	49	50	57
42		37	45	49	52	53	62
43		39	47	52	57	58	65
44		44	50	53	58	63	68
45		45	52	58	63	66	73
46		47	55	60	66	68	78
47		49	58	65	68	73	83
48		50	60	66	71	75	84
49		52	62	68	73	78	86
50		53	63	70	75	79	89
51		55	65	71	78	81	91
52		57	66	73	79	84	94
53		58	68	78	84	89	99
54		60	73	81	89	92	104
55		62	78	84	92	97	110
56		66	81	91	97	104	115
57		68	83	96	102	107	120
58		75	91	102	112	117	131
59		79	99	110	122	128	141
60		86	107	122	131	138	152
61		92	115	130	139	149	164
62		99	122	139	151	157	177
63		107	133	149	162	172	190
64		115	143	162	175	183	201
65		125	154	172	188	196	214
66		133	165	183	199	211	228
67		143	175	196	212	222	243
68		157	196	219	237	248	271
69		173	215	243	262	272	298
70		190	235	266	285	301	326
71		204	256	288	311	327	355
72		222	277	311	335	352	382
73		258	321	363	390	411	444
74		293	368	415	446	468	505
75		327	410	465	502	525	567
76		363	457	515	556	585	627
77		400	502	567	611	640	689
78		441	552	624	676	708	760
79		481	606	685	739	774	829
80		522	658	744	804	841	899
81		564	711	800	865	909	969
82		604	761	862	928	975	1,038
83		645	813	920	991	1,043	1,108
84		685	865	977	1,055	1,110	1,179
85		732	923	1,043	1,124	1,181	1,256
86	**	805	1,016	1,148	1,237	1,299	1,381
87	**	886	1,117	1,262	1,360	1,429	1,519
88	**	975	1,229	1,389	1,496	1,572	1,671
89	**	1,072	1,352	1,527	1,646	1,729	1,838
90	**	1,179	1,487	1,680	1,811	1,902	2,022
91	**	1,297	1,636	1,848	1,992	2,092	2,224
92	**	1,427	1,799	2,033	2,191	2,301	2,447
93	**	1,570	1,979	2,236	2,410	2,532	2,691
94	**	1,727	2,177	2,460	2,651	2,785	2,960
95	**	1,899	2,395	2,706	2,916	3,063	3,256
96	**	2,089	2,635	2,977	3,208	3,369	3,582
97	**	2,298	2,898	3,274	3,528	3,706	3,940
98	**	2,528	3,188	3,602	3,881	4,077	4,334
99+	**	2,781	3,507	3,962	4,269	4,485	4,768

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 125% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue <u>Age</u>	-----	Benefit Period (Days)			-----		
		<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$32	\$36	\$41	\$42	\$44	\$47
39		34	41	42	44	45	50
40		36	42	44	49	52	55
41		37	45	47	52	53	62
42		39	47	52	55	55	66
43		41	49	55	60	62	70
44		45	52	57	62	68	73
45		47	53	62	66	71	78
46		49	58	62	71	73	84
47		50	62	68	73	76	89
48		52	63	70	75	78	91
49		53	65	71	76	83	92
50		55	66	73	78	84	96
51		57	68	75	83	86	97
52		58	70	76	84	89	102
53		60	71	81	89	94	105
54		62	76	84	94	97	110
55		63	83	87	97	102	118
56		68	84	96	102	110	123
57		70	86	100	107	113	128
58		78	94	107	118	122	139
59		83	102	115	128	136	149
60		89	112	126	138	146	162
61		96	120	136	146	157	173
62		102	126	146	159	165	188
63		110	138	156	170	181	201
64		118	147	170	183	191	212
65		130	159	178	198	206	225
66		136	172	191	209	220	240
67		147	181	204	222	232	256
68		162	204	227	246	258	284
69		178	222	253	274	284	313
70		194	243	275	296	314	340
71		209	264	300	324	340	371
72		228	287	322	348	365	400
73		264	330	376	403	428	463
74		300	379	429	462	486	527
75		334	421	480	520	543	590
76		369	470	531	575	606	651
77		408	515	585	630	661	714
78		449	565	642	698	732	787
79		489	622	706	763	799	859
80		531	674	765	829	868	930
81		573	729	823	891	938	1,003
82		614	781	888	956	1,004	1,072
83		654	833	946	1,021	1,076	1,145
84		697	885	1,003	1,085	1,144	1,218
85		745	946	1,072	1,157	1,217	1,296
86	**	820	1,040	1,181	1,273	1,338	1,427
87	**	901	1,144	1,299	1,400	1,471	1,568
88	**	991	1,259	1,429	1,541	1,620	1,725
89	**	1,090	1,385	1,571	1,695	1,780	1,899
90	**	1,199	1,523	1,729	1,863	1,959	2,088
91	**	1,319	1,675	1,900	2,049	2,155	2,297
92	**	1,452	1,842	2,090	2,255	2,370	2,527
93	**	1,596	2,027	2,300	2,480	2,607	2,778
94	**	1,756	2,229	2,529	2,728	2,867	3,057
95	**	1,931	2,453	2,783	3,000	3,154	3,363
96	**	2,124	2,697	3,060	3,300	3,470	3,698
97	**	2,338	2,968	3,366	3,630	3,817	4,068
98	**	2,571	3,264	3,703	3,993	4,197	4,474
99+	**	2,827	3,590	4,073	4,393	4,619	4,922

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 150% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue <u>Age</u>	-----	Benefit Period (Days)		-----			
		<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$34	\$37	\$42	\$44	\$45	\$49
39		36	42	44	45	47	52
40		37	44	45	50	55	58
41		39	47	49	53	55	65
42		41	49	53	57	57	71
43		42	50	57	63	65	73
44		47	53	58	63	71	76
45		49	55	63	70	75	83
46		50	60	63	75	73	89
47		52	65	71	73	79	96
48		53	66	73	78	81	97
49		55	68	75	79	86	97
50		57	70	76	81	87	102
51		58	71	78	86	89	104
52		60	73	79	87	94	109
53		62	75	84	94	99	112
54		63	79	87	99	102	117
55		65	86	91	102	107	125
56		70	87	99	107	115	130
57		71	87	105	112	118	134
58		79	97	112	123	126	147
59		84	105	118	134	143	157
60		91	115	131	144	152	170
61		97	123	141	152	164	181
62		104	130	152	165	173	198
63		113	143	162	177	190	212
64		122	152	177	191	199	222
65		133	164	185	206	214	235
66		139	177	198	217	230	251
67		152	188	212	230	240	269
68		165	211	233	256	267	296
69		181	228	262	284	293	327
70		199	249	285	306	327	355
71		212	271	309	335	353	387
72		233	295	332	360	377	416
73		269	339	389	416	442	481
74		305	389	444	476	502	548
75		339	431	494	538	561	611
76		376	481	548	593	625	676
77		415	528	603	650	682	739
78		457	578	659	719	755	815
79		497	637	726	787	823	888
80		539	690	786	854	894	961
81		583	747	844	917	966	1,035
82		624	799	912	982	1,034	1,106
83		664	851	970	1,048	1,108	1,181
84		708	904	1,027	1,116	1,176	1,256
85		757	967	1,102	1,189	1,251	1,337
86	**	833	1,064	1,212	1,307	1,375	1,471
87	**	915	1,170	1,333	1,439	1,513	1,617
88	**	1,008	1,288	1,466	1,583	1,665	1,779
89	**	1,108	1,416	1,614	1,742	1,831	1,957
90	**	1,218	1,557	1,774	1,915	2,014	2,153
91	**	1,340	1,714	1,952	2,106	2,216	2,368
92	**	1,474	1,884	2,147	2,317	2,436	2,605
93	**	1,622	2,074	2,362	2,548	2,681	2,864
94	**	1,784	2,281	2,597	2,804	2,948	3,151
95	**	1,962	2,508	2,858	3,084	3,243	3,467
96	**	2,158	2,759	3,143	3,392	3,569	3,813
97	**	2,375	3,036	3,457	3,732	3,925	4,194
98	**	2,611	3,339	3,804	4,105	4,317	4,614
99+	**	2,872	3,673	4,183	4,515	4,750	5,075

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH Only
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$26	\$29	\$31	\$32	\$34	\$36
39	28	31	32	36	37	39
40	29	32	36	37	39	42
41	31	34	39	41	42	45
42	32	39	41	44	47	49
43	34	41	44	47	50	52
44	37	44	45	50	52	55
45	39	45	50	52	53	58
46	41	47	52	53	58	62
47	42	49	53	58	62	65
48	44	50	55	60	63	66
49	45	52	57	62	65	70
50	47	53	58	63	66	70
51	49	55	60	65	68	71
52	50	57	63	66	70	73
53	50	60	66	70	73	79
54	52	62	70	73	76	84
55	53	65	71	76	81	89
56	58	70	76	81	86	92
57	60	71	79	86	89	97
58	65	78	86	92	99	107
59	70	86	94	100	105	115
60	75	91	104	110	113	125
61	81	99	110	117	125	134
62	87	105	117	126	130	144
63	92	113	126	136	143	154
64	100	123	136	147	154	167
65	109	133	147	157	165	178
66	117	143	156	168	177	190
67	123	151	167	180	190	201
68	138	168	190	201	211	227
69	152	188	207	224	232	249
70	167	204	228	245	254	274
71	181	224	248	266	279	298
72	194	240	269	288	301	322
73	228	280	311	337	352	376
74	261	321	356	384	402	429
75	292	360	403	431	452	484
76	324	400	447	480	504	535
77	356	441	491	530	552	590
78	392	488	544	585	611	651
79	429	531	596	638	671	713
80	467	578	650	697	729	774
81	504	625	700	752	789	834
82	541	669	750	810	849	897
83	578	718	805	865	906	957
84	612	765	857	919	966	1,021
85	654	813	910	980	1,029	1,087
86	**	720	895	1,001	1,078	1,196
87	**	792	984	1,102	1,186	1,315
88	**	871	1,082	1,212	1,305	1,447
89	**	958	1,191	1,333	1,435	1,592
90	**	1,054	1,310	1,466	1,578	1,751
91	**	1,159	1,441	1,613	1,736	1,926
92	**	1,275	1,585	1,774	1,910	2,118
93	**	1,403	1,743	1,952	2,101	2,330
94	**	1,543	1,918	2,147	2,311	2,563
95	**	1,698	2,109	2,361	2,542	2,819
96	**	1,867	2,320	2,598	2,796	3,101
97	**	2,054	2,552	2,857	3,076	3,412
98	**	2,259	2,808	3,143	3,384	3,753
99+	**	2,485	3,088	3,457	3,722	4,128

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 50% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$28	\$31	\$32	\$36	\$37	\$39
39	29	32	36	39	41	42
40	31	36	39	41	42	45
41	32	37	42	44	45	49
42	34	42	44	47	50	52
43	36	44	47	50	53	57
44	41	47	49	53	55	60
45	42	49	53	57	58	63
46	44	50	57	58	63	66
47	45	52	58	63	66	70
48	47	53	60	65	68	71
49	49	57	62	66	70	75
50	50	58	63	68	71	76
51	52	60	65	70	73	78
52	53	62	68	71	75	79
53	55	65	71	75	79	86
54	57	66	75	79	83	91
55	58	70	78	83	87	96
56	63	75	83	87	92	100
57	65	78	86	92	96	105
58	70	84	92	100	107	115
59	75	92	102	109	113	125
60	81	99	112	118	123	134
61	87	107	118	126	134	146
62	94	113	126	136	141	156
63	100	123	136	147	154	167
64	109	133	147	159	167	180
65	117	144	159	170	178	193
66	126	154	168	181	191	206
67	133	162	180	194	204	217
68	149	181	204	217	228	245
69	165	203	224	241	251	269
70	180	220	246	264	275	296
71	196	241	267	287	301	322
72	211	259	290	311	326	348
73	246	303	337	365	381	407
74	282	347	386	415	434	463
75	316	389	436	467	489	523
76	350	433	483	518	544	578
77	386	476	531	572	598	638
78	424	527	588	632	661	705
79	465	575	645	690	726	771
80	504	625	701	753	787	838
81	544	676	757	813	852	902
82	585	724	812	875	917	970
83	625	776	870	935	978	1,035
84	663	826	927	993	1,043	1,103
85	708	880	985	1,059	1,111	1,175
86	**	968	1,083	1,165	1,222	1,292
87	**	857	1,064	1,192	1,282	1,345
88	**	942	1,171	1,311	1,410	1,479
89	**	1,036	1,288	1,442	1,551	1,627
90	**	1,140	1,417	1,586	1,706	1,790
91	**	1,254	1,558	1,745	1,877	1,969
92	**	1,380	1,714	1,919	2,065	2,166
93	**	1,518	1,886	2,111	2,271	2,382
94	**	1,669	2,074	2,322	2,498	2,620
95	**	1,836	2,282	2,555	2,748	2,882
96	**	2,020	2,510	2,810	3,023	3,171
97	**	2,222	2,761	3,091	3,325	3,488
98	**	2,444	3,037	3,400	3,658	3,837
99+	**	2,688	3,341	3,740	4,023	4,220

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 80% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$29	\$32	\$36	\$37	\$39	\$41
39	31	36	37	41	42	44
40	32	37	41	42	47	49
41	34	41	44	47	49	53
42	36	44	45	50	52	58
43	37	45	50	53	55	62
44	42	49	52	57	58	65
45	44	50	57	58	65	68
46	45	52	58	65	66	73
47	47	57	62	66	70	78
48	49	58	63	70	71	79
49	50	60	65	71	75	83
50	52	62	66	73	76	84
51	53	63	70	75	78	86
52	55	65	71	76	81	87
53	57	66	75	81	86	92
54	58	70	79	86	89	99
55	60	73	83	89	94	104
56	65	79	86	92	99	109
57	66	81	91	99	104	113
58	73	89	99	107	115	125
59	78	96	109	117	123	136
60	84	104	117	126	133	146
61	91	112	125	136	143	157
62	96	120	134	144	152	167
63	105	130	144	157	165	180
64	113	139	157	170	177	194
65	122	151	168	180	190	207
66	130	159	178	193	201	219
67	138	170	191	206	215	233
68	156	191	212	228	240	259
69	170	211	235	253	266	287
70	185	230	258	279	292	314
71	203	251	282	301	318	342
72	217	271	303	327	340	369
73	253	314	353	381	399	431
74	288	358	403	434	455	489
75	324	403	452	489	512	551
76	360	447	502	541	569	609
77	394	492	552	596	625	669
78	434	543	611	658	690	739
79	475	595	669	721	757	807
80	515	646	727	784	821	876
81	556	697	786	846	886	944
82	596	748	844	909	953	1,013
83	637	799	902	970	1,017	1,081
84	677	851	959	1,034	1,084	1,150
85	723	907	1,021	1,102	1,153	1,223
86	**	795	998	1,123	1,212	1,269
87	**	874	1,098	1,235	1,333	1,396
88	**	962	1,207	1,358	1,466	1,535
89	**	1,058	1,328	1,494	1,613	1,689
90	**	1,164	1,461	1,644	1,774	1,858
91	**	1,280	1,607	1,808	1,952	2,043
92	**	1,408	1,768	1,989	2,147	2,248
93	**	1,549	1,945	2,188	2,361	2,473
94	**	1,704	2,139	2,407	2,598	2,720
95	**	1,874	2,353	2,647	2,857	2,992
96	**	2,061	2,588	2,912	3,143	3,291
97	**	2,268	2,847	3,203	3,457	3,620
98	**	2,494	3,132	3,523	3,803	3,982
99+	**	2,744	3,445	3,876	4,183	4,380

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 100% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$31	\$34	\$37	\$39	\$41	\$44
39	32	37	39	42	44	47
40	34	39	42	45	49	52
41	36	42	45	49	50	57
42	37	45	49	52	53	62
43	39	47	52	57	58	65
44	44	50	53	58	63	68
45	45	52	58	63	66	73
46	47	55	60	66	68	78
47	49	58	65	68	73	83
48	50	60	66	71	75	84
49	52	62	68	73	78	86
50	53	63	70	75	79	89
51	55	65	71	78	81	91
52	57	66	73	79	84	94
53	58	68	78	84	89	99
54	60	73	81	89	92	104
55	62	78	84	92	97	110
56	66	81	91	97	104	115
57	68	83	96	102	107	120
58	75	91	102	112	117	131
59	79	99	110	122	128	141
60	86	107	122	131	138	152
61	92	115	130	139	149	164
62	99	122	139	151	157	177
63	107	133	149	162	172	190
64	115	143	162	175	183	201
65	125	154	172	188	196	214
66	133	165	183	199	211	228
67	143	175	196	212	222	243
68	157	196	219	237	248	271
69	173	215	243	262	272	298
70	190	235	266	285	301	326
71	204	256	288	311	327	355
72	222	277	311	335	352	382
73	258	321	363	390	411	444
74	293	368	415	446	468	505
75	327	410	465	502	525	567
76	363	457	515	556	585	627
77	400	502	567	611	640	689
78	441	552	624	676	708	760
79	481	606	685	739	774	829
80	522	658	744	804	841	899
81	564	711	800	865	909	969
82	604	761	862	928	975	1,038
83	645	813	920	991	1,043	1,108
84	685	865	977	1,055	1,110	1,179
85	732	923	1,043	1,124	1,181	1,256
86	**	805	1,016	1,148	1,237	1,299
87	**	886	1,117	1,262	1,360	1,429
88	**	975	1,229	1,389	1,496	1,572
89	**	1,072	1,352	1,527	1,646	1,729
90	**	1,179	1,487	1,680	1,811	1,902
91	**	1,297	1,636	1,848	1,992	2,092
92	**	1,427	1,799	2,033	2,191	2,301
93	**	1,570	1,979	2,236	2,410	2,532
94	**	1,727	2,177	2,460	2,651	2,785
95	**	1,899	2,395	2,706	2,916	3,063
96	**	2,089	2,635	2,977	3,208	3,369
97	**	2,298	2,898	3,274	3,528	3,706
98	**	2,528	3,188	3,602	3,881	4,077
99+	**	2,781	3,507	3,962	4,269	4,485

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 125% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$32	\$36	\$41	\$42	\$44	\$47
39	34	41	42	44	45	50
40	36	42	44	49	52	55
41	37	45	47	52	53	62
42	39	47	52	55	55	66
43	41	49	55	60	62	70
44	45	52	57	62	68	73
45	47	53	62	66	71	78
46	49	58	62	71	73	84
47	50	62	68	73	76	89
48	52	63	70	75	78	91
49	53	65	71	76	83	92
50	55	66	73	78	84	96
51	57	68	75	83	86	97
52	58	70	76	84	89	102
53	60	71	81	89	94	105
54	62	76	84	94	97	110
55	63	83	87	97	102	118
56	68	84	96	102	110	123
57	70	86	100	107	113	128
58	78	94	107	118	122	139
59	83	102	115	128	136	149
60	89	112	126	138	146	162
61	96	120	136	146	157	173
62	102	126	146	159	165	188
63	110	138	156	170	181	201
64	118	147	170	183	191	212
65	130	159	178	198	206	225
66	136	172	191	209	220	240
67	147	181	204	222	232	256
68	162	204	227	246	258	284
69	178	222	253	274	284	313
70	194	243	275	296	314	340
71	209	264	300	324	340	371
72	228	287	322	348	365	400
73	264	330	376	403	428	463
74	300	379	429	462	486	527
75	334	421	480	520	543	590
76	369	470	531	575	606	651
77	408	515	585	630	661	714
78	449	565	642	698	732	787
79	489	622	706	763	799	859
80	531	674	765	829	868	930
81	573	729	823	891	938	1,003
82	614	781	888	956	1,004	1,072
83	654	833	946	1,021	1,076	1,145
84	697	885	1,003	1,085	1,144	1,218
85	745	946	1,072	1,157	1,217	1,296
86	**	820	1,040	1,181	1,273	1,427
87	**	901	1,144	1,299	1,400	1,568
88	**	991	1,259	1,429	1,541	1,725
89	**	1,090	1,385	1,571	1,695	1,899
90	**	1,199	1,523	1,729	1,863	2,088
91	**	1,319	1,675	1,900	2,049	2,297
92	**	1,452	1,842	2,090	2,255	2,527
93	**	1,596	2,027	2,300	2,480	2,778
94	**	1,756	2,229	2,529	2,728	3,057
95	**	1,931	2,453	2,783	3,000	3,363
96	**	2,124	2,697	3,060	3,300	3,698
97	**	2,338	2,968	3,366	3,630	4,068
98	**	2,571	3,264	3,703	3,993	4,474
99+	**	2,827	3,590	4,073	4,393	4,922

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** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Rate Sheets with Proposed Premium Rate Increase

Continental General Insurance Company

Individual Long Term Care Form LTC-020201-UTA-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 150% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$34	\$37	\$42	\$44	\$45	\$49
39	36	42	44	45	47	52
40	37	44	45	50	55	58
41	39	47	49	53	55	65
42	41	49	53	57	57	71
43	42	50	57	63	65	73
44	47	53	58	63	71	76
45	49	55	63	70	75	83
46	50	60	63	75	73	89
47	52	65	71	73	79	96
48	53	66	73	78	81	97
49	55	68	75	79	86	97
50	57	70	76	81	87	102
51	58	71	78	86	89	104
52	60	73	79	87	94	109
53	62	75	84	94	99	112
54	63	79	87	99	102	117
55	65	86	91	102	107	125
56	70	87	99	107	115	130
57	71	87	105	112	118	134
58	79	97	112	123	126	147
59	84	105	118	134	143	157
60	91	115	131	144	152	170
61	97	123	141	152	164	181
62	104	130	152	165	173	198
63	113	143	162	177	190	212
64	122	152	177	191	199	222
65	133	164	185	206	214	235
66	139	177	198	217	230	251
67	152	188	212	230	240	269
68	165	211	233	256	267	296
69	181	228	262	284	293	327
70	199	249	285	306	327	355
71	212	271	309	335	353	387
72	233	295	332	360	377	416
73	269	339	389	416	442	481
74	305	389	444	476	502	548
75	339	431	494	538	561	611
76	376	481	548	593	625	676
77	415	528	603	650	682	739
78	457	578	659	719	755	815
79	497	637	726	787	823	888
80	539	690	786	854	894	961
81	583	747	844	917	966	1,035
82	624	799	912	982	1,034	1,106
83	664	851	970	1,048	1,108	1,181
84	708	904	1,027	1,116	1,176	1,256
85	757	967	1,102	1,189	1,251	1,337
86	**	833	1,064	1,212	1,307	1,471
87	**	915	1,170	1,333	1,439	1,617
88	**	1,008	1,288	1,466	1,583	1,779
89	**	1,108	1,416	1,614	1,742	1,957
90	**	1,218	1,557	1,774	1,915	2,153
91	**	1,340	1,714	1,952	2,106	2,368
92	**	1,474	1,884	2,147	2,317	2,605
93	**	1,622	2,074	2,362	2,548	2,864
94	**	1,784	2,281	2,597	2,804	3,151
95	**	1,962	2,508	2,858	3,084	3,467
96	**	2,158	2,759	3,143	3,392	3,813
97	**	2,375	3,036	3,457	3,732	4,194
98	**	2,611	3,339	3,804	4,105	4,614
99+	**	2,872	3,673	4,183	4,515	5,075

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ
Factors to Apply to Base Rates to Add:

<u>Issue Age</u>	<u>Guaranteed Purchase Option</u>	<u>Simple Inflation</u>	<u>Compound Inflation</u>
< 39	1.03	2.19	4.05
39	1.03	2.18	4.03
40	1.03	2.17	4.01
41	1.03	2.16	4.00
42	1.03	2.15	3.98
43	1.03	2.13	3.95
44	1.03	2.12	3.90
45	1.03	2.11	3.85
46	1.03	2.10	3.79
47	1.03	2.09	3.71
48	1.03	2.08	3.63
49	1.03	2.07	3.56
50	1.03	2.06	3.48
51	1.03	2.05	3.41
52	1.03	2.04	3.37
53	1.03	2.02	3.32
54	1.03	2.01	3.28
55	1.03	2.00	3.22
56	1.03	1.99	3.17
57	1.03	1.98	3.12
58	1.03	1.97	3.01
59	1.03	1.96	2.89
60	1.03	1.95	2.78
61	1.03	1.94	2.68
62	1.03	1.93	2.57
63	1.03	1.90	2.52
64	1.03	1.88	2.47
65	1.03	1.86	2.42
66	1.03	1.84	2.39
67	1.03	1.82	2.34
68	1.03	1.78	2.27
69	1.03	1.75	2.20
70	1.03	1.72	2.12
71	1.03	1.68	2.05
72	1.03	1.65	1.96
73	1.03	1.62	1.89
74	1.03	1.58	1.81
75	1.03	1.55	1.74
76	1.03	1.52	1.67
77	1.03	1.49	1.60
78	1.03	1.45	1.56
79	1.03	1.43	1.51
80	1.03	1.40	1.48
81	1.03	1.38	1.44
82	1.03	1.34	1.41
83	1.03	1.33	1.39
84	1.03	1.32	1.36
85+	1.03	1.31	1.35

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ
Ten Year Paid-up Factors

Issue	
<u>Age</u>	<u>Factor</u>
<39	4.04
39	4.00
40	3.90
41	3.80
42	3.70
43	3.60
44	3.50
45	3.40
46	3.30
47	3.20
48	3.11
49	3.02
50	2.93
51	2.84
52	2.75
53	2.70
54	2.64
55	2.58
56	2.52
57	2.45
58	2.38
59	2.31
60	2.25
61	2.19
62	2.12
63	2.07
64	2.03
65	1.99
66	1.94
67	1.89
68	1.85
69	1.78
70	1.72
71	1.66
72	1.59
73	1.55
74	1.51
75	1.47
76	1.42
77	1.38
78	1.34
79	1.30
80	1.26
81	1.21
82	1.17
83	1.15
84	1.15
85+	1.15

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Extended Spousal Benefit Rider

Both spouses purchase
Benefit Period (days)

720	1.25
1080	1.22
1440	1.20
1800	1.19
2160	1.18

Factors to go from 7-day Elimination period to:

Elimination Period

0	1.04
30	0.96
60	0.91
90	0.87
180	0.79

Factor to add Dual Waiver of Premium option:

1.05

Factor to apply to NTQ plan to get TQ plan premiums:

0.93

Factor to apply to Preferred Rates for Other Classes

Select	1.25
Standard	1.50

Factor to add Shortened Benefit Period (Nonforfeiture)

1.08

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Factor to add Survivorship Waiver of Premium

1.06

Factor to add Restoration of Benefits

<u>Benefit Period</u>	
720	1.07
1080	1.05
1440	1.04
1800	1.02
2160	1.02
Unlimited	1.00

Factor to add Monthly HHC

1.07

Factor to add Alternate Pay Rider

1.10

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Return of Premium Rider Form L-6036 Premium Rate Schedule

Factors to Apply to Base Rates (and other Attached Riders) to Add Rider

Age	Issue Benefit Months of Base Policy				
	24	36	48	60	72
<i>With Compound Inflation Rider</i>					
Under 40	2.162	1.820	1.708	1.617	1.574
40-44	2.158	1.971	1.791	1.714	1.647
45-49	2.168	1.941	1.809	1.708	1.683
50-54	1.850	1.670	1.567	1.526	1.502
55-59	1.649	1.529	1.490	1.439	1.408
60-64	1.517	1.426	1.375	1.343	1.314
<i>With Simple Inflation Rider</i>					
Under 40	2.733	2.194	2.005	1.867	1.794
40-44	2.358	2.142	1.923	1.824	1.741
45-49	2.203	1.970	1.842	1.734	1.706
50-54	1.822	1.655	1.561	1.523	1.498
55-59	1.580	1.488	1.449	1.405	1.373
60-64	1.537	1.444	1.389	1.357	1.326

Maximum Lifetime Benefit Acceleration Rider Form L-6037 Premium Rate Schedule

Factors to Apply to Base Rates (and other Attached Riders) to Add Rider

Age	Issue Benefit Months of Base Policy				
	24	36	48	60	72
<i>With Compound Inflation Rider</i>					
Under 40	1.304	1.250	1.205	1.174	1.144
40-44	1.279	1.231	1.193	1.162	1.134
45-49	1.252	1.209	1.174	1.147	1.123
50-54	1.224	1.180	1.155	1.129	1.107
55-59	1.193	1.155	1.129	1.110	1.091
60-64	1.151	1.123	1.100	1.083	1.069
<i>With Simple Inflation Rider</i>					
Under 40	1.155	1.137	1.121	1.108	1.102
40-44	1.149	1.131	1.115	1.103	1.096
45-49	1.139	1.121	1.108	1.096	1.088
50-54	1.130	1.113	1.098	1.084	1.076
55-59	1.120	1.102	1.088	1.073	1.063
60-64	1.100	1.084	1.071	1.059	1.049

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Return of Premium Rider Form L-6036 Premium Rate Schedule

And

Maximum Lifetime Benefit Acceleration Rider Form L-6037 Premium Rate Schedule

Factors to Apply to Base Rates (and other Attached Riders) to Add Both Riders Together

Age	Issue Benefit Months of Base Policy				
	24	36	48	60	72
<i>With Compound Inflation Rider</i>					
Under 40	2.500	2.056	1.886	1.759	1.685
40-44	2.510	2.186	1.949	1.835	1.741
45-49	2.509	2.154	1.954	1.818	1.756
50-54	2.159	1.876	1.722	1.641	1.585
55-59	1.899	1.711	1.625	1.542	1.486
60-64	1.711	1.567	1.478	1.424	1.376
<i>With Simple Inflation Rider</i>					
Under 40	2.990	2.377	2.137	1.970	1.874
40-44	2.611	2.321	2.055	1.925	1.821
45-49	2.442	2.139	1.969	1.833	1.783
50-54	2.026	1.799	1.678	1.609	1.570
55-59	1.757	1.617	1.552	1.486	1.438
60-64	1.674	1.548	1.469	1.420	1.375

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ
Factors to Apply to Base Rates to Add:

<u>Issue Age</u>	<u>Guaranteed Purchase Option</u>	<u>Simple Inflation</u>	<u>Compound Inflation</u>
< 39	1.03	2.19	4.05
39	1.03	2.18	4.03
40	1.03	2.17	4.01
41	1.03	2.16	4.00
42	1.03	2.15	3.98
43	1.03	2.13	3.95
44	1.03	2.12	3.90
45	1.03	2.11	3.85
46	1.03	2.10	3.79
47	1.03	2.09	3.71
48	1.03	2.08	3.63
49	1.03	2.07	3.56
50	1.03	2.06	3.48
51	1.03	2.05	3.41
52	1.03	2.04	3.37
53	1.03	2.02	3.32
54	1.03	2.01	3.28
55	1.03	2.00	3.22
56	1.03	1.99	3.17
57	1.03	1.98	3.12
58	1.03	1.97	3.01
59	1.03	1.96	2.89
60	1.03	1.95	2.78
61	1.03	1.94	2.68
62	1.03	1.93	2.57
63	1.03	1.90	2.52
64	1.03	1.88	2.47
65	1.03	1.86	2.42
66	1.03	1.84	2.39
67	1.03	1.82	2.34
68	1.03	1.78	2.27
69	1.03	1.75	2.20
70	1.03	1.72	2.12
71	1.03	1.68	2.05
72	1.03	1.65	1.96
73	1.03	1.62	1.89
74	1.03	1.58	1.81
75	1.03	1.55	1.74
76	1.03	1.52	1.67
77	1.03	1.49	1.60
78	1.03	1.45	1.56
79	1.03	1.43	1.51
80	1.03	1.40	1.48
81	1.03	1.38	1.44
82	1.03	1.34	1.41
83	1.03	1.33	1.39
84	1.03	1.32	1.36
85+	1.03	1.31	1.35

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ
Ten Year Paid-up Factors

Issue	
<u>Age</u>	<u>Factor</u>
<39	4.04
39	4.00
40	3.90
41	3.80
42	3.70
43	3.60
44	3.50
45	3.40
46	3.30
47	3.20
48	3.11
49	3.02
50	2.93
51	2.84
52	2.75
53	2.70
54	2.64
55	2.58
56	2.52
57	2.45
58	2.38
59	2.31
60	2.25
61	2.19
62	2.12
63	2.07
64	2.03
65	1.99
66	1.94
67	1.89
68	1.85
69	1.78
70	1.72
71	1.66
72	1.59
73	1.55
74	1.51
75	1.47
76	1.42
77	1.38
78	1.34
79	1.30
80	1.26
81	1.21
82	1.17
83	1.15
84	1.15
85+	1.15

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ

Extended Spousal Benefit Rider

Both spouses purchase
Benefit Period (days)

720	1.25
1080	1.22
1440	1.20
1800	1.19
2160	1.18

Factors to go from 7-day Elimination period to:

Elimination Period

0	1.04
30	0.96
60	0.91
90	0.87
180	0.79

Factor to add Dual Waiver of Premium option:

1.05

Factor to apply to NTQ plan to get TQ plan premiums:

0.93

Factor to apply to Preferred Rates for Other Classes

Select	1.25
Standard	1.50

Factor to add Shortened Benefit Period (Nonforfeiture)

1.08

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ

Factor to add Survivorship Waiver of Premium

1.06

Factor to add Restoration of Benefits

Benefit Period

720	1.07
1080	1.05
1440	1.04
1800	1.02
2160	1.02
Unlimited	1.00

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	SCI Certification of Compliance - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	LTC Checklist_VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2018.pdf SCI Cover Letter 2018 - VA.pdf SCI Actuarial Memorandum 2018 RS - VA - Revised.pdf VA SCI Exhibits - Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LTC Insurance Rate Request Summary.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	VA - SCI L6000 Current Rate Sheets.pdf VA - SCI LTC02 Current Rate Sheets.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Dated 10/2/2018
Comments:	

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Attachment(s):	SCI Objection 1 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Dated 3/15/2019
Comments:	
Attachment(s):	SCI Objection 2 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Dated 5/13/2019
Comments:	
Attachment(s):	SCI Objection 3 Response - VA.pdf L-6000 Original Actuarial Memorandum - VA.pdf LTC-020201 Original Actuarial Memorandum - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Dated 6/13/2019
Comments:	
Attachment(s):	SCI Objection 4 Response VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Dated 12/10/2019
Comments:	
Attachment(s):	SCI Objection 5 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Sent 02/05/2020
Comments:	
Attachment(s):	SCI Objection 6 Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Sent 02/05/2020 #2
Comments:	

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Attachment(s):	SCI Objection 7 - VA - Response.pdf Rate Increase History.pdf Rate Increase History - Excel.xlsx Exhibit 8.pdf Exhibit 9.pdf Exhibit 10.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Sent 02/11/2020
Comments:	
Attachment(s):	VA - SCI Objection 8 - Response.pdf Exhibit 11.pdf Exhibit 12 - Excel.xlsx Exhibit 12.pdf Objection 7 Exhibits - Excel.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Sent 03/18/2020
Comments:	
Attachment(s):	SCI VA Objection 9 - Response.pdf Exhibit 13.pdf Exhibit 13 - Excel.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Sent 04/08/2020
Comments:	
Attachment(s):	SCI VA Objection 10 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021
Satisfied - Item:	Response to Objection Sent 06/17/2020
Comments:	
Attachment(s):	SCI VA Readability.pdf SCI VA Objection 11 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Satisfied - Item:	Response to Objection Dated 07/22/2020
Comments:	
Attachment(s):	SCI VA Objection 13 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 07/10/2020
Comments:	
Attachment(s):	RINC Letter - SCI - VA - 2020.08 John Doe.pdf Exhibit 14.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf SCI VA Objection 12 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Amendment - 62%
Comments:	
Attachment(s):	Exhibit 4 - Revised.pdf Exhibit 5 - Revised.pdf Exhibit 7 - Revised.pdf SCI VA Amendment - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 09/22/2020
Comments:	
Attachment(s):	SCI VA Objection 15 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 10/19/2020
Comments:	
Attachment(s):	SCI VA Objection 17 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 10/15/2020
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SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Comments:	
Attachment(s):	SCI VA Objection 16 - Response.pdf Certification of Compliance_SCI RINC Ltr.pdf Readability Certificate_SCI RINC Ltr.pdf CGI(LOY) – RINC(VA)(0120).pdf CGI(LOY) – RINC(VA)(0120)-CNFO.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120).pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-BR.pdf Statement of Variability (VA) CGI(LOY) - RINC(VA)(0120)-CNFO.pdf CGI(LOY) – RINC(VA)(0120)-BR.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 11/16/2020
Comments:	
Attachment(s):	SCI VA Objection 18 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 01/04/2021
Comments:	
Attachment(s):	SCI VA Objection 19 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 01/19/2021
Comments:	
Attachment(s):	SCI VA Objection 20 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Response to Objection Dated 02/24/2021
Comments:	
Attachment(s):	SCI VA Objection 21 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

Satisfied - Item:	Policyholder letter update 06/14/2021
Comments:	

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
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State:	Virginia	Filing Company:	Continental General Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care		
Project Name/Number:	Senior Class Individual Rate Increase, 2018/		

Attachment(s):	Policyholder Letter Update.pdf
Item Status:	Received & Acknowledged
Status Date:	06/21/2021

SERFF Tracking #:	GLTC-131622755	State Tracking #:	GLTC-131622755	Company Tracking #:	SENIOR CLASS INDIVIDUAL RATE INCREASE, 2...
<hr/>					
State:	Virginia	Filing Company:	Continental General Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care				
Project Name/Number:	Senior Class Individual Rate Increase, 2018/				

Attachment Rate Increase History - Excel.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 12 - Excel.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 7 Exhibits - Excel.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 13 - Excel.xlsx is not a PDF document and cannot be reproduced here.

**STATE OF VIRGINIA
ACTUARIAL CERTIFICATION**

Form numbers L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA,
LTC-020201-UTA-TQ-VA

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

9/10/2018

Date

Continental General Insurance Company

Company Name

A handwritten signature in cursive script, reading "Stephanie Entzminger".

Actuary Signature

Stephanie Entzminger, FSA, MAAA, Associate Actuary

Name and Title

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	Administrative Letter 2012-03	Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language in bold print .

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Provisions		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 5	
Claim Forms	§ 38.2-3503 6	
Proof of Loss	§ 38.2-3503 7	
Time Payment of Claims	§ 38.2-3503 8	The provision specifies when benefits will be paid.
Payment of Claims	§ 38.2-3503 9	The provision specifies to whom benefits will be paid
Physical Examinations and Autopsy	§ 38.2-3503 10	
Legal Actions	§ 38.2-3503 11	
Change of Beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Company	§ 38.2-3504 4	
Insurance with Other Company	§ 38.2-3504 5	
Unpaid Premiums	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use "resides" language

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the insured and for cancellation of the policy by the insurer , except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Disclosures		
	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: 

Name (please print): Stephanie Entzminger

Company Name: Continental General Insurance Company

Date: 9/10/2018 Phone No: (512) 410-0854 FAX No: (512) 257-0218

E-Mail Address: Stephanie.Entzminger@continental-ins.com

Managing and Monitoring Long Term Care Risks

Risk Management processes and staffing are focused on four specific stages of the managing the claims process: Intake/New Claim Setup, Adjudication, Ongoing Management/Payment, and Claim Resolution.

Intake/New Claim Setup: By keeping the eligibility requirements-gathering process agile, significant delays are avoided that could otherwise compromise our ability to make sound claim decisions and prevent us from complying with our regulatory requirements. Since most claim notices are received telephonically, we maintain a phone unit dedicated solely to this function. This unit can accurately assess the developing circumstances that surround an early claim and guide the claimant and family through a timely and effective adjudication process while setting appropriate expectations by reviewing each insured's policy benefit information and coverage. Our proactive front-end process helps avoid "buying" claims that would otherwise happen if we just mailed a claim form.

Adjudication: As eligibility requirements are received, our extensive front-end Intake process proceeds to Adjudication. New claims are presented by the Claims Examiner to either a senior second-tier review specialist or to our Claim Committee, along with recommendations for approval, denial or further handling and disposition. The committee meets on a regular basis and consists of senior level staff with many years of experience, as well as management personnel who can discuss the claim and confirm the claim determination or offer any special guidance for handling.

It is vital that we thoroughly understand the medical circumstances that drive eligibility for each claim and that will set the stage for its development and outcome.

Ongoing Management/Payment: One of the most important risk controls for LTC claims is the active monitoring and payment of an approved, ongoing claim. Claimants that have a potential for recovery are closely monitored to ensure that the eligibility criteria continues to be met.

The protocol for reviewing ongoing claims is set by each individual claimant's medical status and recovery potential. In addition to our internal RN staff, also available to us are the services of an expert LTC Medical Director who can consult on the most difficult cases and who may also be called upon to clarify information given to us by the insured's own attending physician.

Ongoing claims are examined carefully for changes in billing patterns, changes in levels of care and breaks of confinement for possible hospital stays or other leaves. Confinement verification protocol ensures that claim payments are properly adjusted to reflect these leaves.

Claim Resolution: Controlling the trajectory of short duration claims can have a positive outcome for early claim closure and restoration of premium payment. This is often a "win-win" situation for both the company and the client.

Also, accurate and timely resolution of a client's death and accurately paying a claim to its coverage maximums prevents overpayment, recovery costs and disruption to a grieving family.

Also critical to managing risk exposure and monitoring morbidity are fraud detection controls, ongoing claims audits, and periodic updates to our expected claim costs.

Fraud: Our LTC processes include several fraud detection and mitigation controls and practices. Staff members are trained annually on several aspects of fraud including "red flags" of LTC fraud detection and will refer suspect claim activity to management for review and further action if warranted. If necessary, independent medical exams or other investigatory methods may be used to resolve outstanding concerns. All suspect claim activity is reported to the appropriate state governing agencies as required. Lastly, our Strategic Investigative Unit (SIU) is comprised of a multidisciplinary group of senior leaders who serve as a sounding board and steering committee for both specific and general fraud matters.

Claims Audits: In addition to an ongoing robust internal claims audit program, we also engage external 3rd party audit reviews, assuring that our claims processes and practices are sound and generally in line with industry practices and regulatory controls. The most recent external review occurred in 2014 covered a sample of claims with losses occurring between 2004 and 2014.

Internal audits represent a constant feedback loop. Results are reviewed monthly with senior management staff for discussion, process improvement and training purposes.

September 10, 2018

Virginia State Corporation Commission
Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ, L-6000-TQ, LTC-020201-UTA-NQ, and LTC-020201-UTA-TQ

Dear Sir or Madam:

Enclosed for your review, please find an Actuarial Memorandum and rate sheets in support of the current proposed increase on the above referenced Long-Term Care Insurance products.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above referenced policy forms are Individual Long-Term Care Insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals, and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,



Stephanie Entzminger, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Continental General Insurance Company

P.O. Box 203098
Austin, Texas 78720-3098

**Actuarial Memorandum Supporting Rate Revisions for
Long-Term Care Insurance Base Policy Forms and Riders Associated with
L-6000-NQ and L-6000-TQ
LTC-020201-UTA-NQ and LTC-020201-UTA-TQ**

1. SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to the Base Policy Forms and Riders of the following Continental General Insurance Company (the Company) Long-Term Care (LTC) product forms:

<u>Product Name</u>	<u>Form Number</u>
L-6000	L-6000-NQ and L-6000-TQ
LTC-020201	LTC-020201-UTA-NQ and LTC-020201-UTA-TQ

L-6000 policies were originally sold under the name Loyal American Life Insurance Company (Loyal), while LTC-020201 policies were originally sold under the name United Teacher Associates Insurance Company (UTA). Virtually all of the Loyal policies have been novated into UTA, and the remaining Loyal policies are 100% ceded to UTA. All policies issued in Florida are 100% ceded to Great American Life Insurance Company (GALIC) and therefore are excluded from this analysis. Effective December 31, 2016, UTA (inactive NAIC No: 63479) merged into Continental General Insurance Company (active NAIC No: 71404).

Some riders may not be available in all states. The issue date range that these forms were sold in this state is shown in Appendix A.

These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance.

The Company is requesting a 62% rate increase at this time, which is based on conversations with the Bureau on 7/24/2020. After the conversations, the Company agreed to accept a 62% rate increase request, based on the prospective present value method, and certify to the resulting rates. This rate filing is not intended to be used for other purposes.

The body of this actuarial memorandum was written to apply to each state where these products were issued. Any reference to information that is specific to a particular state is included in Appendix A.

2. POLICYHOLDER OPTIONS TO MITIGATE IMPACT OF PREMIUM RATE INCREASE

Optional Policyholder Offers to Reduce Benefits

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the Base Policy and Riders. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
3. Increase their elimination period.

Non-forfeiture Offers

In addition, the Company will give the policyholder the option to accept a shortened benefit period. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. This non-forfeiture benefit shall not exceed the policyholder's remaining unused Maximum Lifetime Benefit at the time of conversion. Upon acceptance of this offer, an endorsement reflecting the non-forfeiture benefit will be sent to the policyholder. This offer will be made to all policyholders.

If applicable, for policyholders with active Limited Pay policy provisions, the Company will additionally provide policyholders an opportunity to elect a reduced paid-up policy in accordance with state regulatory requirements.

3. PREMIUM RATE INCREASE JUSTIFICATION

This rate revision is necessary because the current best estimate projections of the Nationwide lifetime loss ratios are in excess of expected. Policies were issued Nationwide under rate stabilization requirements established in the 2000 LTC NAIC Model Regulation.

The lifetime loss ratio anticipated at the time of original pricing for these policy forms is 60.0%. This loss ratio has been stated based on the pricing interest rate of 5.0%. Based on available documentation, the pricing loss ratio is conservatively assumed to be representative of best estimate expectations.

For policies issued under rate stabilization requirements, the margin for moderately adverse deviation built into the rates at the time of original pricing was a 10% deviation in the lifetime loss ratio, when compared to originally expected. This margin has been exceeded. The current Nationwide lifetime loss ratio is demonstrated in Exhibit 3.

The rate increase has been calculated to account for the State's specific rate increase history. Experience adjusted to reflect the State's specific rate increase history, both with and without the impact of the requested rate increase, is contained in Exhibit 4. Exhibit 4 demonstrates that the anticipated lifetime loss ratio with the requested rate increase is in excess of the original pricing expectation as well as in excess of the minimum loss ratio of 60.0%.

Additionally, Exhibit 5 demonstrates that given moderately adverse experience, the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times the original assumed lifetime loss ratio (which was higher than 58%),
2. 85% of the accumulated value of prior premium rate schedule increases
3. Present value of future projected initial earned premium times the original assumed lifetime loss ratio, and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

4. DESCRIPTION OF BENEFITS

Appendix B contains a brief summary of the benefits contained in these base forms and associated riders. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

5. RENEWABILITY CLAUSE

These products are Guaranteed Renewable, Individual Long-Term Care policies.

6. MARKETING METHOD

These products were marketed to individuals through direct agents and brokers. These products are not currently being marketed.

7. APPLICABILITY

The revised rates contained in this memorandum will be applicable to all renewals of the policy form and riders described in Section 1 as well as all future periodic inflation protection offers. The current and revised premium rate schedules are attached. The rate revision will be applied as a consistent percentage to all premium classes. The modal premium factors will remain unchanged from the current factors.

8. PROPOSED EFFECTIVE DATE

Policyholder notification of the rate increases will begin as soon as possible subject to state insurance department approval with the additional condition that no policyholder will receive the rate increases sooner than one year after receiving a previous rate increase.

9. UNDERWRITING

Applicants were home-office underwritten, based on questions on the application and protective information, such as telephone interviews, face-to-face assessments, medical records, and cognitive screening. The underwriting standards used were taken into consideration when projecting future experience.

10. ACTUARIAL ASSUMPTIONS

The actuarial assumptions used to project the future premiums and claims are described in this section. Appendix D provides further details of the experience studies conducted that were used to develop the actuarial assumptions. These base assumptions are the same as the assumptions being used in the company's internal cash flow testing.

A. Morbidity

The morbidity assumptions are based on a combination of the Company's historical claim experience on these forms from 2003 through 6/30/2016, the Milliman *2014 Long-Term Care Guidelines (Guidelines)* and judgment. The *Guidelines* reflect over \$25 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity. In setting the morbidity assumptions, the policy design, underwriting and claim adjudication practices have been taken into consideration. The baseline assumptions do not include any adverse selection resulting from the rate increase, loads for moderately adverse experience, or future morbidity improvement.

B. Mortality

The best estimate future mortality assumption is 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors. Historical mortality improvement was assumed equal to 0.6% per year, with 2000 as the central year. The mortality assumption, including selection factors and historical mortality improvement, is based on industry expectations.

C. Voluntary Lapse

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience on these forms and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. In addition, benefit exhaust rates were calculated and added, to reflect policy termination when a person exhausts his benefit period. We assumed all remaining policies would terminate at attained age 115. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Voluntary lapse rates vary by marital status and inflation versus non-inflation.

The table below shows the detailed voluntary lapse assumptions for the applicable projected policy durations.

Voluntary Lapse Rate				
	Married		Single	
Duration	Inflation	Non-Inflation	Inflation	Non-Inflation
6	1.22%	1.16%	2.25%	2.89%
7	0.98%	1.16%	1.97%	2.57%
8	0.73%	1.16%	1.97%	2.25%
9	0.49%	1.16%	1.97%	2.25%
10	0.49%	1.16%	1.97%	2.25%
11	0.44%	1.05%	1.77%	2.02%
12	0.39%	0.93%	1.57%	1.80%
13	0.34%	0.81%	1.38%	1.57%
14	0.29%	0.70%	1.18%	1.35%
15+	0.24%	0.58%	0.98%	1.12%

Additional multiplier to apply to Lapse Rates for Gender	
Gender	Multiplier
Female	85.0%
Male	135.0%

For limited pay policies, voluntary lapse rates were assumed to be zero after the premium payment period.

Appendix E contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

D. Interest Rate

The supporting exhibits use the average maximum valuation interest rate of 4.13% to calculate the lifetime loss ratio. This is consistent with the guidance provided in the Senior Issues Task Force Model Bulletin and the requirements established in the 2000 LTC NAIC Model regulation.

E. Expenses

The need for a rate increase is based on the lifetime loss ratio being in excess of expected. Expenses do not directly impact the lifetime loss ratio and therefore are not used as justification for the rate increase. As such, expenses are not being projected and are not included in this filing.

F. Policyholder Behavior Due to the Rate Increase

Shock Lapse

At the time the proposed premium rate increases become effective, there is additional shock lapse in the amount of 25.2%. The shock lapse is in addition to the base lapse assumption for that projection period. The shock lapse effect of the rate increase is assumed to temporarily increase voluntary lapses in the year that the rate increase is implemented. This percentage is reflected in the projected future experience after the proposed rate increase in Exhibit 4, Exhibit 5, and Exhibit 7.

Benefit Reductions

As described in Section 2, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase. The impact of benefit reductions due to the proposed increase is 2.7%. This percentage is reflected in the projected future experience after the proposed rate increase in Exhibit 4, Exhibit 5, and Exhibit 7.

Anti-Selection

Policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse. This results in anti-selection. The increase to morbidity due to anti-selection is 5.7%. This percentage is reflected in the projected future experience after the proposed rate increase in Exhibit 4, Exhibit 5, and Exhibit 7.

Non-forfeiture (NFO) Residual Liability

The residual NFO liability captures the future claims expected to be incurred on policies which elect the non-forfeiture benefit. The impact of the ultimate residual NFO liability due to the proposed increase is 1.9%. This percentage is reflected in the projected future experience after the proposed rate increase in Exhibit 4, Exhibit 5, and Exhibit 7.

As stated above, it is known that policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse or elect the NFO benefit. The residual NFO liability is expected to grade up over time as this selection effect wears off. Given the grading, the initial residual NFO liability is 20% of the ultimate rate, grading up to the ultimate rate over 10 years.

11. ISSUE AGE RANGE

These products were available for issue ages up to 85. Premiums are based on issue age.

12. AREA FACTORS

The Company did not use area factors within the state in the premium scale for these products.

13. CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for Incurred But Not Reported reserves (IBNR) and using continuance curves validated for the Company's experience for open claims on a disabled life basis. The claim reserves were discounted to the incurred date for each claim and have been included in the historical incurred claims.

14. ACTIVE LIFE RESERVES

Incurred claims are calculated without the impact of the change in active life reserves.

15. DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. The projected future experience is based on a seriatim projection of the current inforce policies. See Appendix C for the distribution of the inforce policies that are premium-paying by key demographic and benefit characteristics.

16. NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of December 31, 2017 in this state.

17. AVERAGE ANNUAL PREMIUM

The average annual premium for these products both prior to the impact of the requested rate increase, and after, is indicated in Appendix A.

18. HISTORY OF RATE ADJUSTMENTS

Please refer to Appendix A for the history of rate adjustments on these products in this state.

19. EXPERIENCE – PAST AND FUTURE

Exhibit 2a and Exhibit 2b present historical experience since inception by “incurred year,” or “loss year,” for these policy forms and riders as of 12/31/2017. Experience for loss years 2017 and prior are developed through 12/31/2017. Exhibit 2a contains Nationwide experience and Exhibit 2b contains the experience for only those policies sold in this state. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

Historical and projected Nationwide experience for all policies issued under these products is contained in Exhibit 3. This exhibit does not include the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

The Nationwide historical and projected experience adjusted to reflect the State’s specific rate increase history is contained in Exhibit 4 and Exhibit 5. Exhibit 7 contains historical and projected Virginia experience for all policies issued under these products. These exhibits also include the projected lifetime loss ratios both with and without the impact of the requested rate increase. Exhibit 4 and Exhibit 7 demonstrate experience by calendar year under best estimate assumptions, while Exhibit 5 demonstrates experience by calendar year under moderately adverse assumptions. Moderately adverse assumptions are defined as best estimate assumptions as described in Section 10, plus a 10% load to future incurred claims.

In developing the projected future experience with the rate increase, an implementation date of 11/1/2018 was assumed.

The experience exhibits described above each include waived premium. Waived premium is included in both the earned premium and incurred claims in each of these exhibits, such that the waived premium included in the earned premium is equal to the waived premium included in incurred claims on a present value basis. Excluding waiver from both earned premium and incurred claims would result in a minor change to the lifetime loss ratio.

20. RELATIONSHIP OF RENEWAL PREMIUM TO NEW BUSINESS PREMIUM

The Company is no longer selling any new Long-Term Care business. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

21. JUSTIFICATION FOR FUTURE RATE ACTION

No further premium rate schedule increases are anticipated for policies issued after the State's rate stabilization date if the requested rate increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

Based on experience provided in Exhibit 5, given approval of the requested rate increase, a lifetime loss ratio for all policies exceeding 69.5% would indicate that experience has deteriorated beyond moderately adverse expectations and that further rate action may be necessary.

22. ELIGIBILITY FOR CONTINGENT BENEFIT UPON LAPSE

Exhibit 6 has been provided to demonstrate the number of premium-paying policyholders that will become eligible for the contingent benefit upon lapse (CBUL). Policyholders are defined as being eligible given they are governed by rate stability regulations and they have surpassed the cumulative rate increase threshold given this request.

Given that policyholders in this State will become eligible for the CBUL, the attached document (Managing Long-Term Care Risk - 2018), provided by the Company's Chief Operating Officer, provides a demonstration that the Company has appropriate policy administration and claim processing procedures in place to assure our policyholders' Long-Term Care claims are paid according to the provisions of our contracts.

23. SUMMARY OF APPENDICES

Appendix A contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc. Similar information for Nationwide is also contained in this Appendix.

Appendix B contains a summary of the benefits included under each policy form grouping.

Appendix C contains a summary of the demographic distributions of the inforce policies that are premium-paying as of 12/31/2017.

Appendix D contains a detailed summary of the development of the projection assumptions.

Appendix E contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

24. SUMMARY OF EXHIBITS

Exhibit 1 contains the breakdown of policy counts, annualized premium, and average premium for all premium-paying policies by state under each product grouping.

Exhibit 2a contains the historical Nationwide experience for all policies issued under these products by calendar year and duration. Exhibit 2b contains the historical Virginia experience for all policies issued under these products by calendar year and duration.

Exhibit 3 contains historical and projected Nationwide experience for all policies issued under these products. This exhibit does not include the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 4 contains historical and projected Nationwide experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. The experience has been adjusted to reflect the State's specific rate history.

Exhibit 5 contains historical and projected Nationwide experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes moderately adverse assumptions. The experience has been adjusted to reflect the State's specific rate history.

Exhibit 6 contains the number of premium-paying policyholders that will become eligible for the CBUL at the state-specific level.

Exhibit 7 contains historical and projected Virginia experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

25. ACTUARIAL CERTIFICATION

I certify to the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and regulations of this State as they relate to premium rate developments and revisions. This memorandum complies with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits," No. 18 "Long-Term Care Insurance," and No. 23 "Data Quality." In rendering the actuarial opinion, I relied on assumptions and data provided to me by Stephanie Entzminger, FSA, MAAA.

In performing the analysis, preparing this filing, and rendering the actuarial opinion below, I relied upon other actuaries for experience analysis used to develop baseline actuarial assumptions related to morbidity and persistency. I relied on projections and data provided to me by Debby Keeler, ASA, MAAA. I reviewed the analysis for reasonableness and consistency, but I did not perform a detailed audit. The assumptions, projections, and data are appropriate for the purpose used.

I have reviewed and taken into consideration the policy design and coverage provided, and the Company's original underwriting and claims adjudication processes.

In my opinion, the rates are not excessive or unfairly discriminatory. The benefits are reasonable in relation to the premiums. The anticipated lifetime loss ratio exceeds the applicable required loss ratio. If the requested increase is implemented and the underlying moderately adverse assumptions are realized, no further premium rate schedule increases are anticipated at this time. The Company will continue to monitor experience and reserves the right to take additional rate action if necessary.



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Exhibit 1
Continental General Insurance Company
Summary of Premium-Paying Lives
Policy Forms: LTC-020201, L-6000
Nationwide
As of 12/31/2017

Issue State	Lives	Annualized Premium	Average Premium
AL	107	\$ 137,111	\$ 1,281
AZ	50	\$ 77,857	\$ 1,557
AR	51	\$ 73,122	\$ 1,434
CO	246	\$ 406,559	\$ 1,653
CT	1	\$ 859	\$ 859
DC	59	\$ 17,024	\$ 289
GA	1,296	\$ 2,587,149	\$ 1,996
ID	3	\$ 9,978	\$ 3,326
IL	852	\$ 1,529,288	\$ 1,795
IN	719	\$ 1,169,198	\$ 1,626
IA	82	\$ 183,172	\$ 2,234
KS	115	\$ 219,354	\$ 1,907
KY	28	\$ 48,873	\$ 1,745
LA	524	\$ 809,222	\$ 1,544
MI	8	\$ 24,055	\$ 3,007
MS	64	\$ 105,780	\$ 1,653
MO	53	\$ 88,876	\$ 1,677
MT	10	\$ 27,607	\$ 2,761
NE	78	\$ 148,920	\$ 1,909
NV	7	\$ 10,267	\$ 1,467
NM	288	\$ 372,891	\$ 1,295
NC	60	\$ 138,284	\$ 2,305
ND	5	\$ 14,760	\$ 2,952
OH	442	\$ 739,641	\$ 1,673
OK	38	\$ 74,924	\$ 1,972
PA	13	\$ 39,522	\$ 3,040
SC	32	\$ 51,484	\$ 1,609
SD	33	\$ 69,027	\$ 2,092
TN	30	\$ 59,646	\$ 1,988
TX	2,507	\$ 4,988,626	\$ 1,990
UT	131	\$ 197,164	\$ 1,505
VA	19	\$ 26,087	\$ 1,373
WA	230	\$ 669,357	\$ 2,910
WV	87	\$ 113,792	\$ 1,308
WI	6	\$ 16,165	\$ 2,694
WY	33	\$ 86,762	\$ 2,629
Total	8,307	15,332,401	\$ 1,846

Exhibit 2a
Continental General Insurance Company
Policy Forms: LTC-020201 and L-6000
Nationwide

Historical Experience by Year
As of 12/31/2017

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	84,445	-	0.0%
2004	656,053	2,853	0.4%
2005	1,705,147	38,747	2.3%
2006	4,037,630	192,833	4.8%
2007	7,656,261	282,166	3.7%
2008	11,152,279	1,177,931	10.6%
2009	13,597,969	1,218,941	9.0%
2010	14,739,451	1,377,067	9.3%
2011	14,348,762	2,292,118	16.0%
2012	14,161,935	2,310,861	16.3%
2013	13,964,720	3,057,810	21.9%
2014	13,917,264	3,601,125	25.9%
2015	13,885,091	4,150,445	29.9%
2016	13,854,425	7,598,852	54.8%
2017	14,782,453	7,252,399	49.1%
Total	152,543,886	34,554,146	22.7%

Historical Experience by Duration
As of 12/31/2017

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	16,424,309	276,961	1.7%
2	15,294,182	575,772	3.8%
3	14,836,333	906,779	6.1%
4	14,567,129	1,605,444	11.0%
5	14,349,317	2,856,828	19.9%
6	14,150,484	1,967,422	13.9%
7	14,103,138	4,119,283	29.2%
8	14,111,624	4,368,713	31.0%
9	12,599,932	3,074,784	24.4%
10	10,145,344	6,609,535	65.1%
11	6,838,949	3,504,911	51.2%
12	3,377,994	2,726,049	80.7%
13	1,240,312	1,208,795	97.5%
14	451,012	565,078	125.3%
15	53,824	187,794	348.9%
Total	152,543,886	34,554,146	22.7%

Accumulated Value at 4.13%

Earned Premium	Incurred Claims	Loss Ratio
192,099,099	39,876,762	20.8%

Exhibit 2b
Continental General Insurance Company
Policy Forms: LTC-020201 and L-6000
Virginia

Historical Experience by Year
As of 12/31/2017

Year	Earned Premium	Incurred Claims	Loss Ratio
2003	-	-	0.0%
2004	2,595	-	0.0%
2005	11,938	-	0.0%
2006	23,067	-	0.0%
2007	31,081	-	0.0%
2008	29,913	-	0.0%
2009	27,757	-	0.0%
2010	27,419	-	0.0%
2011	27,701	-	0.0%
2012	27,362	-	0.0%
2013	27,694	-	0.0%
2014	28,300	-	0.0%
2015	28,455	-	0.0%
2016	26,226	389,358	1484.6%
2017	25,694	5,150	20.0%
Total	345,201	394,508	114.3%

Historical Experience by Duration
As of 12/31/2017

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	34,029	-	0.0%
2	28,223	-	0.0%
3	27,918	-	0.0%
4	29,284	-	0.0%
5	27,674	-	0.0%
6	27,366	-	0.0%
7	27,282	-	0.0%
8	27,448	-	0.0%
9	27,785	6	0.0%
10	28,496	175	0.6%
11	28,374	647	2.3%
12	19,613	389,485	1985.8%
13	9,687	2,370	24.5%
14	2,021	1,825	90.3%
15	-	-	0.0%
Total	345,201	394,508	114.3%

Accumulated Values at 4.13%

Earned Premium	Incurred Claims	Loss Ratio
450,411	418,981	93.0%

Exhibit 3
Continental General Insurance Company
Policy Forms: LTC-020201, L-6000
Nationwide
Historical and Projected Future Experience

Historical as of 12/31/2017

Calendar Year	Original-Level			
	Earned Premium	Premium	Incurred Claims	Loss Ratio
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,917,264	13,657,305	3,601,125	25.9%
2015	13,885,091	13,352,589	4,150,445	29.9%
2016	13,854,425	13,042,788	7,598,852	54.8%
2017	14,782,453	12,016,156	7,252,399	49.1%

Projection without Rate Increase

Calendar Year	Original-Level			
	Earned Premium	Premium	Incurred Claims	Loss Ratio
2018	15,481,758	11,421,157	6,474,317	41.8%
2019	15,342,808	10,973,908	7,301,059	47.6%
2020	15,012,553	10,522,282	8,174,578	54.5%
2021	14,505,048	10,132,552	9,131,009	63.0%
2022	13,950,241	9,743,469	10,136,616	72.7%
2023	13,367,009	9,334,583	11,184,770	83.7%
2024	12,752,149	8,903,682	12,271,688	96.2%
2025	12,105,739	8,450,887	13,363,093	110.4%
2026	11,432,079	7,979,233	14,413,179	126.1%
2027	10,737,457	7,493,131	15,413,657	143.6%
2028	10,028,671	6,997,345	16,374,647	163.3%
2029	9,312,458	6,496,592	17,284,878	185.6%
2030	8,596,031	5,995,903	18,091,006	210.5%
2031	7,886,758	5,500,414	18,735,173	237.6%
2032	7,191,235	5,014,711	19,191,465	266.9%
2033	6,515,618	4,543,069	19,490,556	299.1%
2034	5,864,936	4,088,977	19,623,017	334.6%
2035	5,243,185	3,655,200	19,523,575	372.4%
2036	4,653,723	3,244,059	19,137,163	411.2%
2037	4,099,273	2,857,432	18,476,893	450.7%
2038	3,582,115	2,496,888	17,604,358	491.5%
2039	3,104,254	2,163,801	16,557,699	533.4%
2040	2,667,151	1,859,170	15,368,064	576.2%
2041	2,271,589	1,583,521	14,083,680	620.0%
2042	1,917,364	1,336,698	12,739,785	664.4%
2043	1,603,566	1,118,055	11,382,803	709.8%
2044	1,328,776	926,594	10,037,539	755.4%
2045	1,091,008	760,925	8,748,482	801.9%
2046	887,758	619,298	7,554,531	851.0%
2047+	2,910,589	2,033,106	31,652,202	1087.5%

Loss Ratio Summaries at 12/31/2017

Accumulated Value of Historical	192,099,099	187,525,109	39,876,762	20.8%
Present Value of Future	159,607,005	112,285,349	240,767,830	150.9%
Total Values	351,706,104	299,810,458	280,644,592	79.8%
(Discounted at 4.13%)				

Exhibit 4 - Revised
Continental General Insurance Company
Policy Forms: L-6000 and LTC-020201
Best Estimate Nationwide Experience Adjusted to Reflect Virginia Rate Increase History, Before and After Proposed Rate Increase

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio*
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,657,305	13,657,305	3,598,148	26.3%
2015	13,352,589	13,352,589	4,145,045	31.0%
2016	13,042,788	13,042,788	7,589,019	58.2%
2017	12,016,156	12,016,156	7,237,353	60.2%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,421,157	11,421,157	6,344,070	55.5%
2019	10,973,908	10,973,908	7,137,323	65.0%
2020	10,522,282	10,522,282	7,980,860	75.8%
2021	10,132,552	10,132,552	8,916,669	88.0%
2022	9,743,469	9,743,469	9,903,829	101.6%
2023	9,334,583	9,334,583	10,934,258	117.1%
2024	8,903,682	8,903,682	12,004,638	134.8%
2025	8,450,887	8,450,887	13,081,483	154.8%
2026	7,979,233	7,979,233	14,119,785	177.0%
2027	7,493,131	7,493,131	15,111,271	201.7%
2028	6,997,345	6,997,345	16,065,752	229.6%
2029	6,496,592	6,496,592	16,972,148	261.2%
2030	5,995,903	5,995,903	17,777,657	296.5%
2031	5,500,414	5,500,414	18,424,890	335.0%
2032	5,014,711	5,014,711	18,887,837	376.6%
2033	4,543,069	4,543,069	19,196,383	422.5%
2034	4,088,977	4,088,977	19,340,811	473.0%
2035	3,655,200	3,655,200	19,255,968	526.8%
2036	3,244,059	3,244,059	18,886,813	582.2%
2037	2,857,432	2,857,432	18,245,809	638.5%
2038	2,496,888	2,496,888	17,393,653	696.6%
2039	2,163,801	2,163,801	16,367,838	756.4%
2040	1,859,170	1,859,170	15,199,129	817.5%
2041	1,583,521	1,583,521	13,935,220	880.0%
2042	1,336,698	1,336,698	12,610,953	943.4%
2043	1,118,055	1,118,055	11,272,365	1008.2%
2044	926,594	926,594	9,944,047	1073.2%
2045	760,925	760,925	8,670,254	1139.4%
2046	619,298	619,298	7,489,747	1209.4%
2047+	2,033,106	2,033,106	31,428,788	1545.9%

Projection with 62.0% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,486,245	11,387,647	6,335,486	55.2%
2019	13,898,904	9,892,754	6,753,322	48.6%
2020	14,816,219	9,145,814	7,350,777	49.6%
2021	14,267,447	8,807,066	8,212,258	57.6%
2022	13,719,587	8,468,881	9,120,492	66.5%
2023	13,143,842	8,113,483	10,067,656	76.6%
2024	12,537,100	7,738,951	11,050,309	88.1%
2025	11,899,528	7,345,387	12,037,613	101.2%
2026	11,235,401	6,935,433	12,988,376	115.6%
2027	10,550,930	6,512,920	13,895,169	131.7%
2028	9,852,824	6,081,990	14,767,148	149.9%
2029	9,147,723	5,646,743	15,593,950	170.5%
2030	8,442,713	5,211,551	16,315,761	193.3%
2031	7,745,024	4,780,879	16,891,213	218.1%
2032	7,061,115	4,358,713	17,297,166	245.0%
2033	6,397,007	3,948,770	17,561,387	274.5%
2034	5,757,609	3,554,079	17,675,566	307.0%
2035	5,146,816	3,177,047	17,581,164	341.6%
2036	4,567,896	2,819,689	17,228,846	377.2%
2037	4,023,494	2,483,638	16,630,577	413.3%
2038	3,515,819	2,170,258	15,841,833	450.6%
2039	3,046,806	1,880,745	14,897,015	488.9%
2040	2,617,860	1,615,963	13,824,127	528.1%
2041	2,229,725	1,376,373	12,666,562	568.1%
2042	1,882,178	1,161,838	11,455,995	608.7%
2043	1,574,311	971,797	10,234,143	650.1%
2044	1,304,719	805,382	9,023,295	691.6%
2045	1,071,443	661,384	7,863,384	733.9%
2046	872,021	538,285	6,789,294	778.6%
2047+	2,862,776	1,767,146	28,430,140	993.1%

Best Estimate Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	187,525,109	39,841,557	21.2%	187,525,109	187,525,109	39,841,557	21.2%
Present Value of Future	112,285,349	112,285,349	236,780,860	210.9%	152,141,434	99,361,592	217,466,222	142.9%
Total Values	299,810,458	299,810,458	276,622,417	92.3%	339,666,543	286,886,701	257,307,779	75.8%

* Loss Ratio is a ratio of Incurred Claims to Earned Premium.

** Calendar Year projected incurred claims represent best estimate incurred claims.

Exhibit 5 - Revised
Continental General Insurance Company
Policy Forms: L-6000 and LTC-020201
Moderately Adverse Nationwide Experience Adjusted to Reflect Virginia Rate Increase History, Before and After Proposed Rate Increase

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio*
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,657,305	13,657,305	3,598,148	26.3%
2015	13,352,589	13,352,589	4,145,045	31.0%
2016	13,042,788	13,042,788	7,589,019	58.2%
2017	12,016,156	12,016,156	7,237,353	60.2%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,421,157	11,421,157	6,978,477	61.1%
2019	10,973,908	10,973,908	7,851,055	71.5%
2020	10,522,282	10,522,282	8,778,946	83.4%
2021	10,132,552	10,132,552	9,808,336	96.8%
2022	9,743,469	9,743,469	10,894,212	111.8%
2023	9,334,583	9,334,583	12,027,683	128.9%
2024	8,903,682	8,903,682	13,205,102	148.3%
2025	8,450,887	8,450,887	14,389,632	170.3%
2026	7,979,233	7,979,233	15,531,764	194.7%
2027	7,493,131	7,493,131	16,622,398	221.8%
2028	6,997,345	6,997,345	17,672,328	252.6%
2029	6,496,592	6,496,592	18,669,363	287.4%
2030	5,995,903	5,995,903	19,555,423	326.1%
2031	5,500,414	5,500,414	20,267,379	368.5%
2032	5,014,711	5,014,711	20,776,621	414.3%
2033	4,543,069	4,543,069	21,116,021	464.8%
2034	4,088,977	4,088,977	21,274,893	520.3%
2035	3,655,200	3,655,200	21,181,565	579.5%
2036	3,244,059	3,244,059	20,775,494	640.4%
2037	2,857,432	2,857,432	20,070,390	702.4%
2038	2,496,888	2,496,888	19,133,018	766.3%
2039	2,163,801	2,163,801	18,004,622	832.1%
2040	1,859,170	1,859,170	16,719,042	899.3%
2041	1,583,521	1,583,521	15,328,742	968.0%
2042	1,336,698	1,336,698	13,872,048	1037.8%
2043	1,118,055	1,118,055	12,399,602	1109.0%
2044	926,594	926,594	10,938,451	1180.5%
2045	760,925	760,925	9,537,280	1253.4%
2046	619,298	619,298	8,238,721	1330.3%
2047+	2,033,106	2,033,106	34,571,667	1700.4%

Projection with 62.0% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,486,245	11,387,647	6,969,035	60.7%
2019	13,898,904	9,892,754	7,428,654	53.4%
2020	14,816,219	9,145,814	8,085,855	54.6%
2021	14,267,447	8,807,066	9,033,484	63.3%
2022	13,719,587	8,468,881	10,032,542	73.1%
2023	13,143,842	8,113,483	11,074,421	84.3%
2024	12,537,100	7,738,951	12,155,340	97.0%
2025	11,899,528	7,345,387	13,241,374	111.3%
2026	11,235,401	6,935,433	14,287,214	127.2%
2027	10,550,930	6,512,920	15,284,686	144.9%
2028	9,852,824	6,081,990	16,243,862	164.9%
2029	9,147,723	5,646,743	17,153,345	187.5%
2030	8,442,713	5,211,551	17,947,337	212.6%
2031	7,745,024	4,780,879	18,580,334	239.9%
2032	7,061,115	4,358,713	19,026,882	269.5%
2033	6,397,007	3,948,770	19,317,526	302.0%
2034	5,757,609	3,554,079	19,443,122	337.7%
2035	5,146,816	3,177,047	19,339,280	375.8%
2036	4,567,896	2,819,689	18,951,730	414.9%
2037	4,023,494	2,483,638	18,293,635	454.7%
2038	3,515,819	2,170,258	17,426,016	495.6%
2039	3,046,806	1,880,745	16,386,716	537.8%
2040	2,617,860	1,615,963	15,206,539	580.9%
2041	2,229,725	1,376,373	13,933,218	624.9%
2042	1,882,178	1,161,838	12,601,594	669.5%
2043	1,574,311	971,797	11,257,557	715.1%
2044	1,304,719	805,382	9,925,625	760.7%
2045	1,071,443	661,384	8,649,722	807.3%
2046	872,021	538,285	7,468,224	856.4%
2047+	2,862,776	1,767,146	31,273,153	1092.4%

Moderately Adverse Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	187,525,109	39,841,557	21.2%	187,525,109	187,525,109	39,841,557	21.2%
Present Value of Future	112,285,349	112,285,349	260,458,946	232.0%	152,141,434	99,361,592	239,212,845	157.2%
Total Values	299,810,458	299,810,458	300,300,503	100.2%	339,666,543	286,886,701	279,054,401	82.2%

'LLR'/85 Demonstration

1 Accumulated value of initial earned premium	\$	187,525,109	x 60.0% =	\$	112,515,065
2a Accumulated value of earned premium	\$	187,525,109			
2b Accumulated value of prior premium rate schedule increases	\$	-	x 85.0% =	\$	-
3 Present value of future projected initial earned premium	\$	99,361,592	x 60.0% =	\$	59,616,955
4a Present value of future projected premium	\$	152,141,434			
4b Present value of future projected premium in excess of the projected initial earned premiums	\$	52,779,842	x 85.0% =	\$	44,862,866
5 Lifetime Earned Premium times Prescribed Factor					\$ 216,994,886
6 Moderately Adverse Lifetime Incurred Claims **					\$ 279,054,401

* Loss Ratio is a ratio of Incurred Claims to Earned Premium.

** Calendar Year projected incurred claims represent moderately adverse incurred claims.

[illegible]

Exhibit 7 - Revised
Continental General Insurance Company
Policy Forms: L-6000 and LTC-020201
Best Estimate Virginia Experience Before and After Proposed Rate Increase

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
2003	0	0	0	0.0%
2004	2,595	2,595	0	0.0%
2005	11,938	11,938	0	0.0%
2006	23,067	23,067	0	0.0%
2007	31,081	31,081	0	0.0%
2008	29,913	29,913	0	0.0%
2009	27,757	27,757	0	0.0%
2010	27,419	27,419	0	0.0%
2011	27,701	27,701	0	0.0%
2012	27,362	27,362	0	0.0%
2013	27,694	27,694	0	0.0%
2014	28,300	28,300	0	0.0%
2015	28,455	28,455	0	0.0%
2016	26,226	26,226	389,358	1484.6%
2017	25,694	25,694	5,150	20.0%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2018	25,799	25,799	15,872	61.5%
2019	25,100	25,100	18,182	72.4%
2020	24,372	24,372	20,539	84.3%
2021	23,589	23,589	23,108	98.0%
2022	22,733	22,733	26,003	114.4%
2023	21,794	21,794	28,925	132.7%
2024	20,780	20,780	31,745	152.8%
2025	19,708	19,708	33,789	171.4%
2026	18,588	18,588	35,782	192.5%
2027	17,425	17,425	37,315	214.1%
2028	16,231	16,231	38,687	238.3%
2029	15,021	15,021	39,659	264.0%
2030	13,809	13,809	39,811	288.3%
2031	12,614	12,614	39,807	315.6%
2032	11,447	11,447	39,032	341.0%
2033	10,319	10,319	38,305	371.2%
2034	9,241	9,241	37,073	401.2%
2035	8,221	8,221	35,732	434.6%
2036	7,266	7,266	33,864	466.0%
2037	6,380	6,380	31,075	487.0%
2038	5,568	5,568	28,503	511.9%
2039	4,828	4,828	26,080	540.2%
2040	4,161	4,161	24,222	582.1%
2041	3,563	3,563	21,998	617.3%
2042	3,033	3,033	19,320	637.0%
2043	2,566	2,566	16,790	654.4%
2044	2,156	2,156	14,436	669.5%
2045	1,800	1,800	12,527	696.0%
2046	1,491	1,491	10,752	721.0%
2047+	4,986	4,986	38,002	762.2%

Projection with 62.0% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2018	25,946	25,724	15,851	61.1%
2019	31,790	22,627	17,273	54.3%
2020	34,317	21,184	19,041	55.5%
2021	33,215	20,503	21,430	64.5%
2022	32,010	19,759	24,118	75.3%
2023	30,687	18,943	26,832	87.4%
2024	29,259	18,061	29,446	100.6%
2025	27,750	17,130	31,341	112.9%
2026	26,173	16,156	33,181	126.8%
2027	24,536	15,146	34,597	141.0%
2028	22,855	14,108	35,864	156.9%
2029	21,150	13,056	36,760	173.8%
2030	19,444	12,002	36,871	189.6%
2031	17,761	10,964	36,833	207.4%
2032	16,118	9,949	36,087	223.9%
2033	14,530	8,969	35,379	243.5%
2034	13,013	8,033	34,207	262.9%
2035	11,576	7,146	32,934	284.5%
2036	10,232	6,316	31,179	304.7%
2037	8,984	5,546	28,586	318.2%
2038	7,840	4,839	26,191	334.1%
2039	6,798	4,197	23,935	352.1%
2040	5,859	3,617	22,196	378.8%
2041	5,018	3,097	20,129	401.2%
2042	4,271	2,636	17,657	413.4%
2043	3,613	2,230	15,326	424.2%
2044	3,036	1,874	13,162	433.5%
2045	2,534	1,564	11,407	450.1%
2046	2,100	1,296	9,778	465.7%
2047+	7,021	4,334	34,436	490.5%

Best Estimate Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	450,411	450,411	418,981	93.0%	450,411	450,411	418,981	93.0%
Present Value of Future	258,886	258,886	501,100	193.6%	351,016	229,016	464,518	132.3%
Total Values	709,297	709,297	920,081	129.7%	801,426	679,427	883,499	110.2%

* Calendar Year projected incurred claims represent best estimate incurred claims.

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: Continental General Insurance Company

SERFF Tracking Number: GLTC-131622755

Effective Date: After approval has been granted, as allowed per regulation.

Revised Rates

Average Annual Premium Per Member: 1,373

Average Requested Percentage Rate Change Per Member: 62%

Minimum Requested Percentage Rate Change Per Member: 62%

Maximum Requested Percentage Rate Change Per Member: 62%

Number of Policy Holders Affected : 19

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

LTC-020201 L-6000	N/A N/A
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Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Summary of Key Information

The main driver of the rate increase needed on these policy forms is increased persistency compared to that assumed at the time of the original pricing. Policyholders are retaining their policies longer than was anticipated which is resulting in more policies reaching advanced ages at which claims occur more frequently and with higher severity.

Current Rate Sheets

**Continental General Insurance Company
Individual Long Term Care Form L-6000-NQ
Base Premiums for: \$10/Day NH Only
7-Day Elimination Period**

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)			1800	2160	Unlimited
	720	1080	1440			
<39	\$16	\$18	\$19	\$20	\$21	\$22
39	17	19	20	22	23	24
40	18	20	22	23	24	26
41	19	21	24	25	26	28
42	20	24	25	27	29	30
43	21	25	27	29	31	32
44	23	27	28	31	32	34
45	24	28	31	32	33	36
46	25	29	32	33	36	38
47	26	30	33	36	38	40
48	27	31	34	37	39	41
49	28	32	35	38	40	43
50	29	33	36	39	41	43
51	30	34	37	40	42	44
52	31	35	39	41	43	45
53	31	37	41	43	45	49
54	32	38	43	45	47	52
55	33	40	44	47	50	55
56	36	43	47	50	53	57
57	37	44	49	53	55	60
58	40	48	53	57	61	66
59	43	53	58	62	65	71
60	46	56	64	68	70	77
61	50	61	68	72	77	83
62	54	65	72	78	80	89
63	57	70	78	84	88	95
64	62	76	84	91	95	103
65	67	82	91	97	102	110
66	72	88	96	104	109	117
67	76	93	103	111	117	124
68	85	104	117	124	130	140
69	94	116	128	138	143	154
70	103	126	141	151	157	169
71	112	138	153	164	172	184
72	120	148	166	178	186	199
73	141	173	192	208	217	232
74	161	198	220	237	248	265
75	180	222	249	266	279	299
76	200	247	276	296	311	330
77	220	272	303	327	341	364
78	242	301	336	361	377	402
79	265	328	368	394	414	440
80	288	357	401	430	450	478
81	311	386	432	464	487	515
82	334	413	463	500	524	554
83	357	443	497	534	559	591
84	378	472	529	567	596	630
85	404	502	562	605	635	671
86	**	444	552	618	699	738
87	**	489	607	680	768	812
88	**	538	668	748	845	893
89	**	592	735	823	930	982
90	**	651	808	905	1,023	1,081
91	**	716	889	996	1,125	1,189
92	**	787	978	1,095	1,237	1,308
93	**	866	1,076	1,205	1,297	1,438
94	**	953	1,184	1,325	1,427	1,582
95	**	1,048	1,302	1,458	1,647	1,740
96	**	1,153	1,432	1,603	1,812	1,914
97	**	1,268	1,575	1,764	1,899	2,106
98	**	1,395	1,733	1,940	2,089	2,316
99+	**	1,534	1,906	2,134	2,297	2,548

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rate Sheets

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 50% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)			1800	2160	Unlimited
	720	1080	1440			
<39	\$17	\$19	\$20	\$22	\$23	\$24
39	18	20	22	24	25	26
40	19	22	24	25	26	28
41	20	23	26	27	28	30
42	21	26	27	29	31	32
43	22	27	29	31	33	35
44	25	29	30	33	34	37
45	26	30	33	35	36	39
46	27	31	35	36	39	41
47	28	32	36	39	41	43
48	29	33	37	40	42	44
49	30	35	38	41	43	46
50	31	36	39	42	44	47
51	32	37	40	43	45	48
52	33	38	42	44	46	49
53	34	40	44	46	49	53
54	35	41	46	49	51	56
55	36	43	48	51	54	59
56	39	46	51	54	57	62
57	40	48	53	57	59	65
58	43	52	57	62	66	71
59	46	57	63	67	70	77
60	50	61	69	73	76	83
61	54	66	73	78	83	90
62	58	70	78	84	87	96
63	62	76	84	91	95	103
64	67	82	91	98	103	111
65	72	89	98	105	110	119
66	78	95	104	112	118	127
67	82	100	111	120	126	134
68	92	112	126	134	141	151
69	102	125	138	149	155	166
70	111	136	152	163	170	183
71	121	149	165	177	186	199
72	130	160	179	192	201	215
73	152	187	208	225	235	251
74	174	214	238	256	268	286
75	195	240	269	288	302	323
76	216	267	298	320	336	357
77	238	294	328	353	369	394
78	262	325	363	390	408	435
79	287	355	398	426	448	476
80	311	386	433	465	486	517
81	336	417	467	502	526	557
82	361	447	501	540	566	599
83	386	479	537	577	604	639
84	409	510	572	613	644	681
85	437	543	608	654	686	725
86	**	481	597	669	719	798
87	**	529	657	736	791	877
88	**	582	723	809	870	965
89	**	640	795	890	958	1,061
90	**	704	875	979	1,053	1,168
91	**	774	962	1,077	1,159	1,284
92	**	852	1,058	1,185	1,274	1,413
93	**	937	1,164	1,303	1,402	1,554
94	**	1,030	1,280	1,434	1,542	1,710
95	**	1,133	1,408	1,577	1,696	1,880
96	**	1,247	1,549	1,735	1,866	2,069
97	**	1,371	1,704	1,908	2,053	2,275
98	**	1,509	1,875	2,099	2,258	2,503
99+	**	1,660	2,062	2,309	2,484	2,753

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rate Sheets

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 80% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$18	\$20	\$22	\$23	\$24	\$25
39	19	22	23	25	26	27
40	20	23	25	26	29	30
41	21	25	27	29	30	33
42	22	27	28	31	32	36
43	23	28	31	33	34	38
44	26	30	32	35	36	40
45	27	31	35	36	40	42
46	28	32	36	40	41	45
47	29	35	38	41	43	48
48	30	36	39	43	44	49
49	31	37	40	44	46	51
50	32	38	41	45	47	52
51	33	39	43	46	48	53
52	34	40	44	47	50	54
53	35	41	46	50	53	57
54	36	43	49	53	55	61
55	37	45	51	55	58	64
56	40	49	53	57	61	67
57	41	50	56	61	64	70
58	45	55	61	66	71	77
59	48	59	67	72	76	84
60	52	64	72	78	82	90
61	56	69	77	84	88	97
62	59	74	83	89	94	103
63	65	80	89	97	102	111
64	70	86	97	105	109	120
65	75	93	104	111	117	128
66	80	98	110	119	124	135
67	85	105	118	127	133	144
68	96	118	131	141	148	160
69	105	130	145	156	164	177
70	114	142	159	172	180	194
71	125	155	174	186	196	211
72	134	167	187	202	210	228
73	156	194	218	235	246	266
74	178	221	249	268	281	302
75	200	249	279	302	316	340
76	222	276	310	334	351	376
77	243	304	341	368	386	413
78	268	335	377	406	426	456
79	293	367	413	445	467	498
80	318	399	449	484	507	541
81	343	430	485	522	547	583
82	368	462	521	561	588	625
83	393	493	557	599	628	667
84	418	525	592	638	669	710
85	446	560	630	680	712	755
86	**	491	616	693	748	831
87	**	540	678	762	823	914
88	**	594	745	839	905	1,005
89	**	653	820	922	996	1,042
90	**	718	902	1,015	1,095	1,147
91	**	790	992	1,116	1,205	1,261
92	**	869	1,091	1,228	1,325	1,387
93	**	956	1,200	1,350	1,458	1,526
94	**	1,052	1,320	1,486	1,603	1,679
95	**	1,157	1,453	1,634	1,764	1,847
96	**	1,272	1,598	1,797	1,940	2,031
97	**	1,400	1,758	1,977	2,134	2,235
98	**	1,540	1,933	2,175	2,348	2,458
99+	**	1,694	2,127	2,392	2,582	2,704

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rate Sheets

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 100% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)			1800	2160	Unlimited
	720	1080	1440			
<39	\$19	\$21	\$23	\$24	\$25	\$27
39	20	23	24	26	27	29
40	21	24	26	28	30	32
41	22	26	28	30	31	35
42	23	28	30	32	33	38
43	24	29	32	35	36	40
44	27	31	33	36	39	42
45	28	32	36	39	41	45
46	29	34	37	41	42	48
47	30	36	40	42	45	51
48	31	37	41	44	46	52
49	32	38	42	45	48	53
50	33	39	43	46	49	55
51	34	40	44	48	50	56
52	35	41	45	49	52	58
53	36	42	48	52	55	61
54	37	45	50	55	57	64
55	38	48	52	57	60	68
56	41	50	56	60	64	71
57	42	51	59	63	66	74
58	46	56	63	69	72	81
59	49	61	68	75	79	87
60	53	66	75	81	85	94
61	57	71	80	86	92	101
62	61	75	86	93	97	109
63	66	82	92	100	106	117
64	71	88	100	108	113	124
65	77	95	106	116	121	132
66	82	102	113	123	130	141
67	88	108	121	131	137	150
68	97	121	135	146	153	167
69	107	133	150	162	168	184
70	117	145	164	176	186	201
71	126	158	178	192	202	219
72	137	171	192	207	217	236
73	159	198	224	241	254	274
74	181	227	256	275	289	312
75	202	253	287	310	324	350
76	224	282	318	343	361	387
77	247	310	350	377	395	425
78	272	341	385	417	437	469
79	297	374	423	456	478	512
80	322	406	459	496	519	555
81	348	439	494	534	561	598
82	373	470	532	573	602	641
83	398	502	568	612	644	684
84	423	534	603	651	685	728
85	452	570	644	694	729	775
86	**	497	627	708	802	853
87	**	547	690	779	882	938
88	**	602	759	857	924	1,032
89	**	662	835	943	1,016	1,135
90	**	728	918	1,037	1,118	1,248
91	**	801	1,010	1,141	1,229	1,373
92	**	881	1,111	1,255	1,352	1,510
93	**	969	1,222	1,380	1,488	1,661
94	**	1,066	1,344	1,519	1,636	1,827
95	**	1,172	1,478	1,670	1,800	2,010
96	**	1,290	1,626	1,837	1,980	2,211
97	**	1,419	1,789	2,021	2,178	2,432
98	**	1,560	1,968	2,223	2,396	2,676
99+	**	1,716	2,165	2,446	2,635	2,943

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rate Sheets

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 125% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)			1800	2160	Unlimited
	720	1080	1440			
<39	\$20	\$22	\$25	\$26	\$27	\$29
39	21	25	26	27	28	31
40	22	26	27	30	32	34
41	23	28	29	32	33	38
42	24	29	32	34	34	41
43	25	30	34	37	38	43
44	28	32	35	38	42	45
45	29	33	38	41	44	48
46	30	36	38	44	45	52
47	31	38	42	45	47	55
48	32	39	43	46	48	56
49	33	40	44	47	51	57
50	34	41	45	48	52	59
51	35	42	46	51	53	60
52	36	43	47	52	55	63
53	37	44	50	55	58	65
54	38	47	52	58	60	68
55	39	51	54	60	63	73
56	42	52	59	63	68	76
57	43	53	62	66	70	79
58	48	58	66	73	75	86
59	51	63	71	79	84	92
60	55	69	78	85	90	100
61	59	74	84	90	97	107
62	63	78	90	98	102	116
63	68	85	96	105	112	124
64	73	91	105	113	118	131
65	80	98	110	122	127	139
66	84	106	118	129	136	148
67	91	112	126	137	143	158
68	100	126	140	152	159	175
69	110	137	156	169	175	193
70	120	150	170	183	194	210
71	129	163	185	200	210	229
72	141	177	199	215	225	247
73	163	204	232	249	264	286
74	185	234	265	285	300	325
75	206	260	296	321	335	364
76	228	290	328	355	374	402
77	252	318	361	389	408	441
78	277	349	396	431	452	486
79	302	384	436	471	493	530
80	328	416	472	512	536	574
81	354	450	508	550	579	619
82	379	482	548	590	620	662
83	404	514	584	630	664	707
84	430	546	619	670	706	752
85	460	584	662	714	751	800
86	**	506	729	786	826	881
87	**	556	706	802	908	968
88	**	612	777	882	951	1,065
89	**	673	855	970	1,046	1,172
90	**	740	940	1,067	1,150	1,289
91	**	814	1,034	1,173	1,265	1,418
92	**	896	1,137	1,290	1,392	1,560
93	**	985	1,251	1,420	1,531	1,609
94	**	1,084	1,376	1,561	1,684	1,887
95	**	1,192	1,514	1,718	1,852	2,076
96	**	1,311	1,665	1,889	2,037	2,283
97	**	1,443	1,832	2,078	2,241	2,511
98	**	1,587	2,015	2,286	2,465	2,762
99+	**	1,745	2,216	2,514	2,712	3,038

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rate Sheets

Continental General Insurance Company

Individual Long Term Care Form L-6000-NQ

Base Premiums for: \$10/Day NH, HHC Daily Max 150% of NH

7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$21	\$23	\$26	\$27	\$28	\$30
39	22	26	27	28	29	32
40	23	27	28	31	34	36
41	24	29	30	33	34	40
42	25	30	33	35	35	44
43	26	31	35	39	40	45
44	29	33	36	39	44	47
45	30	34	39	43	46	51
46	31	37	39	46	45	55
47	32	40	44	45	49	59
48	33	41	45	48	50	60
49	34	42	46	49	53	60
50	35	43	47	50	54	63
51	36	44	48	53	55	64
52	37	45	49	54	58	67
53	38	46	52	58	61	69
54	39	49	54	61	63	72
55	40	53	56	63	66	77
56	43	54	61	66	71	80
57	44	54	65	69	73	83
58	49	60	69	76	78	91
59	52	65	73	83	88	97
60	56	71	81	89	94	105
61	60	76	87	94	101	112
62	64	80	94	102	107	122
63	70	88	100	109	117	131
64	75	94	109	118	123	137
65	82	101	114	127	132	145
66	86	109	122	134	142	155
67	94	116	131	142	148	166
68	102	130	144	158	165	183
69	112	141	162	175	181	202
70	123	154	176	189	202	219
71	131	167	191	207	218	239
72	144	182	205	222	233	257
73	166	209	240	257	273	297
74	188	240	274	294	310	338
75	209	266	305	332	346	377
76	232	297	338	366	386	417
77	256	326	372	401	421	456
78	282	357	407	444	466	503
79	307	393	448	486	508	548
80	333	426	485	527	552	593
81	360	461	521	566	596	639
82	385	493	563	606	638	683
83	410	525	599	647	684	729
84	437	558	634	689	726	775
85	467	597	680	734	772	825
86	**	514	657	748	807	908
87	**	565	722	823	888	998
88	**	622	795	905	977	1,098
89	**	684	874	996	1,075	1,208
90	**	752	961	1,095	1,182	1,329
91	**	827	1,058	1,205	1,300	1,462
92	**	910	1,163	1,325	1,430	1,608
93	**	1,001	1,280	1,458	1,573	1,768
94	**	1,101	1,408	1,603	1,731	1,945
95	**	1,211	1,548	1,764	1,904	2,140
96	**	1,332	1,703	1,940	2,094	2,354
97	**	1,466	1,874	2,134	2,304	2,589
98	**	1,612	2,061	2,348	2,534	2,848
99+	**	1,773	2,267	2,582	2,787	3,133

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ
Factors to Apply to Base Rates to Add:

<u>Issue Age</u>	<u>Guaranteed Purchase Option</u>	<u>Simple Inflation</u>	<u>Compound Inflation</u>
< 39	1.03	2.19	4.05
39	1.03	2.18	4.03
40	1.03	2.17	4.01
41	1.03	2.16	4.00
42	1.03	2.15	3.98
43	1.03	2.13	3.95
44	1.03	2.12	3.90
45	1.03	2.11	3.85
46	1.03	2.10	3.79
47	1.03	2.09	3.71
48	1.03	2.08	3.63
49	1.03	2.07	3.56
50	1.03	2.06	3.48
51	1.03	2.05	3.41
52	1.03	2.04	3.37
53	1.03	2.02	3.32
54	1.03	2.01	3.28
55	1.03	2.00	3.22
56	1.03	1.99	3.17
57	1.03	1.98	3.12
58	1.03	1.97	3.01
59	1.03	1.96	2.89
60	1.03	1.95	2.78
61	1.03	1.94	2.68
62	1.03	1.93	2.57
63	1.03	1.90	2.52
64	1.03	1.88	2.47
65	1.03	1.86	2.42
66	1.03	1.84	2.39
67	1.03	1.82	2.34
68	1.03	1.78	2.27
69	1.03	1.75	2.20
70	1.03	1.72	2.12
71	1.03	1.68	2.05
72	1.03	1.65	1.96
73	1.03	1.62	1.89
74	1.03	1.58	1.81
75	1.03	1.55	1.74
76	1.03	1.52	1.67
77	1.03	1.49	1.60
78	1.03	1.45	1.56
79	1.03	1.43	1.51
80	1.03	1.40	1.48
81	1.03	1.38	1.44
82	1.03	1.34	1.41
83	1.03	1.33	1.39
84	1.03	1.32	1.36
85+	1.03	1.31	1.35

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ
Ten Year Paid-up Factors

Issue	
<u>Age</u>	<u>Factor</u>
<39	4.04
39	4.00
40	3.90
41	3.80
42	3.70
43	3.60
44	3.50
45	3.40
46	3.30
47	3.20
48	3.11
49	3.02
50	2.93
51	2.84
52	2.75
53	2.70
54	2.64
55	2.58
56	2.52
57	2.45
58	2.38
59	2.31
60	2.25
61	2.19
62	2.12
63	2.07
64	2.03
65	1.99
66	1.94
67	1.89
68	1.85
69	1.78
70	1.72
71	1.66
72	1.59
73	1.55
74	1.51
75	1.47
76	1.42
77	1.38
78	1.34
79	1.30
80	1.26
81	1.21
82	1.17
83	1.15
84	1.15
85+	1.15

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Extended Spousal Benefit Rider

Both spouses purchase
Benefit Period (days)

720	1.25
1080	1.22
1440	1.20
1800	1.19
2160	1.18

Factors to go from 7-day Elimination period to:

Elimination Period

0	1.04
30	0.96
60	0.91
90	0.87
180	0.79

Factor to add Dual Waiver of Premium option:

1.05

Factor to apply to NTQ plan to get TQ plan premiums:

0.93

Factor to apply to Preferred Rates for Other Classes

Select	1.25
Standard	1.50

Factor to add Shortened Benefit Period (Nonforfeiture)

1.08

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Factor to add Survivorship Waiver of Premium

1.06

Factor to add Restoration of Benefits

<u>Benefit Period</u>	
720	1.07
1080	1.05
1440	1.04
1800	1.02
2160	1.02
Unlimited	1.00

Factor to add Monthly HHC

1.07

Factor to add Alternate Pay Rider

1.10

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Return of Premium Rider Form L-6036 Premium Rate Schedule

Factors to Apply to Base Rates (and other Attached Riders) to Add Rider

Age	Issue Benefit Months of Base Policy				
	24	36	48	60	72
<i>With Compound Inflation Rider</i>					
Under 40	2.162	1.820	1.708	1.617	1.574
40-44	2.158	1.971	1.791	1.714	1.647
45-49	2.168	1.941	1.809	1.708	1.683
50-54	1.850	1.670	1.567	1.526	1.502
55-59	1.649	1.529	1.490	1.439	1.408
60-64	1.517	1.426	1.375	1.343	1.314
<i>With Simple Inflation Rider</i>					
Under 40	2.733	2.194	2.005	1.867	1.794
40-44	2.358	2.142	1.923	1.824	1.741
45-49	2.203	1.970	1.842	1.734	1.706
50-54	1.822	1.655	1.561	1.523	1.498
55-59	1.580	1.488	1.449	1.405	1.373
60-64	1.537	1.444	1.389	1.357	1.326

Maximum Lifetime Benefit Acceleration Rider Form L-6037 Premium Rate Schedule

Factors to Apply to Base Rates (and other Attached Riders) to Add Rider

Age	Issue Benefit Months of Base Policy				
	24	36	48	60	72
<i>With Compound Inflation Rider</i>					
Under 40	1.304	1.250	1.205	1.174	1.144
40-44	1.279	1.231	1.193	1.162	1.134
45-49	1.252	1.209	1.174	1.147	1.123
50-54	1.224	1.180	1.155	1.129	1.107
55-59	1.193	1.155	1.129	1.110	1.091
60-64	1.151	1.123	1.100	1.083	1.069
<i>With Simple Inflation Rider</i>					
Under 40	1.155	1.137	1.121	1.108	1.102
40-44	1.149	1.131	1.115	1.103	1.096
45-49	1.139	1.121	1.108	1.096	1.088
50-54	1.130	1.113	1.098	1.084	1.076
55-59	1.120	1.102	1.088	1.073	1.063
60-64	1.100	1.084	1.071	1.059	1.049

Continental General Insurance Company
Individual Long Term Care
Forms L-6000-NQ, L-6000-TQ

Return of Premium Rider Form L-6036 Premium Rate Schedule

And

Maximum Lifetime Benefit Acceleration Rider Form L-6037 Premium Rate Schedule

Factors to Apply to Base Rates (and other Attached Riders) to Add Both Riders Together

Age	Issue Benefit Months of Base Policy				
	24	36	48	60	72
<i>With Compound Inflation Rider</i>					
Under 40	2.500	2.056	1.886	1.759	1.685
40-44	2.510	2.186	1.949	1.835	1.741
45-49	2.509	2.154	1.954	1.818	1.756
50-54	2.159	1.876	1.722	1.641	1.585
55-59	1.899	1.711	1.625	1.542	1.486
60-64	1.711	1.567	1.478	1.424	1.376
<i>With Simple Inflation Rider</i>					
Under 40	2.990	2.377	2.137	1.970	1.874
40-44	2.611	2.321	2.055	1.925	1.821
45-49	2.442	2.139	1.969	1.833	1.783
50-54	2.026	1.799	1.678	1.609	1.570
55-59	1.757	1.617	1.552	1.486	1.438
60-64	1.674	1.548	1.469	1.420	1.375

Current Rates

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH Only
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)			1800	2160	Unlimited
	720	1080	1440			
<39	\$16	\$18	\$19	\$20	\$21	\$22
39	17	19	20	22	23	24
40	18	20	22	23	24	26
41	19	21	24	25	26	28
42	20	24	25	27	29	30
43	21	25	27	29	31	32
44	23	27	28	31	32	34
45	24	28	31	32	33	36
46	25	29	32	33	36	38
47	26	30	33	36	38	40
48	27	31	34	37	39	41
49	28	32	35	38	40	43
50	29	33	36	39	41	43
51	30	34	37	40	42	44
52	31	35	39	41	43	45
53	31	37	41	43	45	49
54	32	38	43	45	47	52
55	33	40	44	47	50	55
56	36	43	47	50	53	57
57	37	44	49	53	55	60
58	40	48	53	57	61	66
59	43	53	58	62	65	71
60	46	56	64	68	70	77
61	50	61	68	72	77	83
62	54	65	72	78	80	89
63	57	70	78	84	88	95
64	62	76	84	91	95	103
65	67	82	91	97	102	110
66	72	88	96	104	109	117
67	76	93	103	111	117	124
68	85	104	117	124	130	140
69	94	116	128	138	143	154
70	103	126	141	151	157	169
71	112	138	153	164	172	184
72	120	148	166	178	186	199
73	141	173	192	208	217	232
74	161	198	220	237	248	265
75	180	222	249	266	279	299
76	200	247	276	296	311	330
77	220	272	303	327	341	364
78	242	301	336	361	377	402
79	265	328	368	394	414	440
80	288	357	401	430	450	478
81	311	386	432	464	487	515
82	334	413	463	500	524	554
83	357	443	497	534	559	591
84	378	472	529	567	596	630
85	404	502	562	605	635	671
86	**	444	552	618	699	738
87	**	489	607	680	768	812
88	**	538	668	748	805	893
89	**	592	735	823	886	982
90	**	651	808	905	974	1,081
91	**	716	889	996	1,072	1,189
92	**	787	978	1,095	1,179	1,308
93	**	866	1,076	1,205	1,297	1,438
94	**	953	1,184	1,325	1,427	1,582
95	**	1,048	1,302	1,458	1,569	1,740
96	**	1,153	1,432	1,603	1,726	1,914
97	**	1,268	1,575	1,764	1,899	2,106
98	**	1,395	1,733	1,940	2,089	2,316
99+	**	1,534	1,906	2,134	2,297	2,548

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rates

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 50% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)			1800	2160	Unlimited
	720	1080	1440			
<39	\$17	\$19	\$20	\$22	\$23	\$24
39	18	20	22	24	25	26
40	19	22	24	25	26	28
41	20	23	26	27	28	30
42	21	26	27	29	31	32
43	22	27	29	31	33	35
44	25	29	30	33	34	37
45	26	30	33	35	36	39
46	27	31	35	36	39	41
47	28	32	36	39	41	43
48	29	33	37	40	42	44
49	30	35	38	41	43	46
50	31	36	39	42	44	47
51	32	37	40	43	45	48
52	33	38	42	44	46	49
53	34	40	44	46	49	53
54	35	41	46	49	51	56
55	36	43	48	51	54	59
56	39	46	51	54	57	62
57	40	48	53	57	59	65
58	43	52	57	62	66	71
59	46	57	63	67	70	77
60	50	61	69	73	76	83
61	54	66	73	78	83	90
62	58	70	78	84	87	96
63	62	76	84	91	95	103
64	67	82	91	98	103	111
65	72	89	98	105	110	119
66	78	95	104	112	118	127
67	82	100	111	120	126	134
68	92	112	126	134	141	151
69	102	125	138	149	155	166
70	111	136	152	163	170	183
71	121	149	165	177	186	199
72	130	160	179	192	201	215
73	152	187	208	225	235	251
74	174	214	238	256	268	286
75	195	240	269	288	302	323
76	216	267	298	320	336	357
77	238	294	328	353	369	394
78	262	325	363	390	408	435
79	287	355	398	426	448	476
80	311	386	433	465	486	517
81	336	417	467	502	526	557
82	361	447	501	540	566	599
83	386	479	537	577	604	639
84	409	510	572	613	644	681
85	437	543	608	654	686	725
86	**	481	597	669	719	798
87	**	529	657	736	791	877
88	**	582	723	809	870	965
89	**	640	795	890	958	1,061
90	**	704	875	979	1,053	1,168
91	**	774	962	1,077	1,159	1,284
92	**	852	1,058	1,185	1,274	1,337
93	**	937	1,164	1,303	1,402	1,471
94	**	1,030	1,280	1,434	1,542	1,618
95	**	1,133	1,408	1,577	1,696	1,779
96	**	1,247	1,549	1,735	1,866	1,957
97	**	1,371	1,704	1,908	2,053	2,153
98	**	1,509	1,875	2,099	2,258	2,368
99+	**	1,660	2,062	2,309	2,484	2,605

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rates

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 80% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$18	\$20	\$22	\$23	\$24	\$25
39	19	22	23	25	26	27
40	20	23	25	26	29	30
41	21	25	27	29	30	33
42	22	27	28	31	32	36
43	23	28	31	33	34	38
44	26	30	32	35	36	40
45	27	31	35	36	40	42
46	28	32	36	40	41	45
47	29	35	38	41	43	48
48	30	36	39	43	44	49
49	31	37	40	44	46	51
50	32	38	41	45	47	52
51	33	39	43	46	48	53
52	34	40	44	47	50	54
53	35	41	46	50	53	57
54	36	43	49	53	55	61
55	37	45	51	55	58	64
56	40	49	53	57	61	67
57	41	50	56	61	64	70
58	45	55	61	66	71	77
59	48	59	67	72	76	84
60	52	64	72	78	82	90
61	56	69	77	84	88	97
62	59	74	83	89	94	103
63	65	80	89	97	102	111
64	70	86	97	105	109	120
65	75	93	104	111	117	128
66	80	98	110	119	124	135
67	85	105	118	127	133	144
68	96	118	131	141	148	160
69	105	130	145	156	164	177
70	114	142	159	172	180	194
71	125	155	174	186	196	211
72	134	167	187	202	210	228
73	156	194	218	235	246	266
74	178	221	249	268	281	302
75	200	249	279	302	316	340
76	222	276	310	334	351	376
77	243	304	341	368	386	413
78	268	335	377	406	426	456
79	293	367	413	445	467	498
80	318	399	449	484	507	541
81	343	430	485	522	547	583
82	368	462	521	561	588	625
83	393	493	557	599	628	667
84	418	525	592	638	669	710
85	446	560	630	680	712	755
86	**	491	616	693	748	831
87	**	540	678	762	823	914
88	**	594	745	839	905	1,005
89	**	653	820	922	996	1,042
90	**	718	902	1,015	1,095	1,147
91	**	790	992	1,116	1,205	1,261
92	**	869	1,091	1,228	1,325	1,387
93	**	956	1,200	1,350	1,458	1,526
94	**	1,052	1,320	1,486	1,603	1,679
95	**	1,157	1,453	1,634	1,764	1,847
96	**	1,272	1,598	1,797	1,940	2,031
97	**	1,400	1,758	1,977	2,134	2,235
98	**	1,540	1,933	2,175	2,348	2,458
99+	**	1,694	2,127	2,392	2,582	2,704

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rates

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 100% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	Benefit Period (Days)					
	720	1080	1440	1800	2160	Unlimited
<39	\$19	\$21	\$23	\$24	\$25	\$27
39	20	23	24	26	27	29
40	21	24	26	28	30	32
41	22	26	28	30	31	35
42	23	28	30	32	33	38
43	24	29	32	35	36	40
44	27	31	33	36	39	42
45	28	32	36	39	41	45
46	29	34	37	41	42	48
47	30	36	40	42	45	51
48	31	37	41	44	46	52
49	32	38	42	45	48	53
50	33	39	43	46	49	55
51	34	40	44	48	50	56
52	35	41	45	49	52	58
53	36	42	48	52	55	61
54	37	45	50	55	57	64
55	38	48	52	57	60	68
56	41	50	56	60	64	71
57	42	51	59	63	66	74
58	46	56	63	69	72	81
59	49	61	68	75	79	87
60	53	66	75	81	85	94
61	57	71	80	86	92	101
62	61	75	86	93	97	109
63	66	82	92	100	106	117
64	71	88	100	108	113	124
65	77	95	106	116	121	132
66	82	102	113	123	130	141
67	88	108	121	131	137	150
68	97	121	135	146	153	167
69	107	133	150	162	168	184
70	117	145	164	176	186	201
71	126	158	178	192	202	219
72	137	171	192	207	217	236
73	159	198	224	241	254	274
74	181	227	256	275	289	312
75	202	253	287	310	324	350
76	224	282	318	343	361	387
77	247	310	350	377	395	425
78	272	341	385	417	437	469
79	297	374	423	456	478	512
80	322	406	459	496	519	555
81	348	439	494	534	561	598
82	373	470	532	573	602	641
83	398	502	568	612	644	684
84	423	534	603	651	685	728
85	452	570	644	694	729	775
86	**	497	627	708	802	853
87	**	547	690	779	882	938
88	**	602	759	857	924	1,032
89	**	662	835	943	1,016	1,135
90	**	728	918	1,037	1,118	1,248
91	**	801	1,010	1,141	1,229	1,373
92	**	881	1,111	1,255	1,352	1,510
93	**	969	1,222	1,380	1,488	1,661
94	**	1,066	1,344	1,519	1,636	1,827
95	**	1,172	1,478	1,670	1,800	2,010
96	**	1,290	1,626	1,837	1,980	2,211
97	**	1,419	1,789	2,021	2,178	2,432
98	**	1,560	1,968	2,223	2,396	2,676
99+	**	1,716	2,165	2,446	2,635	2,943

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rates

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 125% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	-----	Benefit Period (Days)			-----		
		<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$20	\$22	\$25	\$26	\$27	\$29
39		21	25	26	27	28	31
40		22	26	27	30	32	34
41		23	28	29	32	33	38
42		24	29	32	34	34	41
43		25	30	34	37	38	43
44		28	32	35	38	42	45
45		29	33	38	41	44	48
46		30	36	38	44	45	52
47		31	38	42	45	47	55
48		32	39	43	46	48	56
49		33	40	44	47	51	57
50		34	41	45	48	52	59
51		35	42	46	51	53	60
52		36	43	47	52	55	63
53		37	44	50	55	58	65
54		38	47	52	58	60	68
55		39	51	54	60	63	73
56		42	52	59	63	68	76
57		43	53	62	66	70	79
58		48	58	66	73	75	86
59		51	63	71	79	84	92
60		55	69	78	85	90	100
61		59	74	84	90	97	107
62		63	78	90	98	102	116
63		68	85	96	105	112	124
64		73	91	105	113	118	131
65		80	98	110	122	127	139
66		84	106	118	129	136	148
67		91	112	126	137	143	158
68		100	126	140	152	159	175
69		110	137	156	169	175	193
70		120	150	170	183	194	210
71		129	163	185	200	210	229
72		141	177	199	215	225	247
73		163	204	232	249	264	286
74		185	234	265	285	300	325
75		206	260	296	321	335	364
76		228	290	328	355	374	402
77		252	318	361	389	408	441
78		277	349	396	431	452	486
79		302	384	436	471	493	530
80		328	416	472	512	536	574
81		354	450	508	550	579	619
82		379	482	548	590	620	662
83		404	514	584	630	664	707
84		430	546	619	670	706	752
85		460	584	662	714	751	800
86	**	506	642	729	786	826	881
87	**	556	706	802	864	908	968
88	**	612	777	882	951	1,000	1,065
89	**	673	855	970	1,046	1,099	1,172
90	**	740	940	1,067	1,150	1,209	1,289
91	**	814	1,034	1,173	1,265	1,330	1,418
92	**	896	1,137	1,290	1,392	1,463	1,560
93	**	985	1,251	1,420	1,531	1,609	1,715
94	**	1,084	1,376	1,561	1,684	1,770	1,887
95	**	1,192	1,514	1,718	1,852	1,947	2,076
96	**	1,311	1,665	1,889	2,037	2,142	2,283
97	**	1,443	1,832	2,078	2,241	2,356	2,511
98	**	1,587	2,015	2,286	2,465	2,591	2,762
99+	**	1,745	2,216	2,514	2,712	2,851	3,038

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Current Rates

Continental General Insurance Company
Individual Long Term Care Form LTC-020201-UTA-NQ
Base Premiums for: \$10/Day NH, HHC Daily Max 150% of NH
7-Day Elimination Period

Annual Premiums for Preferred Risks

Issue Age	-----	Benefit Period (Days)			-----		
		<u>720</u>	<u>1080</u>	<u>1440</u>	<u>1800</u>	<u>2160</u>	<u>Unlimited</u>
<39		\$21	\$23	\$26	\$27	\$28	\$30
39		22	26	27	28	29	32
40		23	27	28	31	34	36
41		24	29	30	33	34	40
42		25	30	33	35	35	44
43		26	31	35	39	40	45
44		29	33	36	39	44	47
45		30	34	39	43	46	51
46		31	37	39	46	45	55
47		32	40	44	45	49	59
48		33	41	45	48	50	60
49		34	42	46	49	53	60
50		35	43	47	50	54	63
51		36	44	48	53	55	64
52		37	45	49	54	58	67
53		38	46	52	58	61	69
54		39	49	54	61	63	72
55		40	53	56	63	66	77
56		43	54	61	66	71	80
57		44	54	65	69	73	83
58		49	60	69	76	78	91
59		52	65	73	83	88	97
60		56	71	81	89	94	105
61		60	76	87	94	101	112
62		64	80	94	102	107	122
63		70	88	100	109	117	131
64		75	94	109	118	123	137
65		82	101	114	127	132	145
66		86	109	122	134	142	155
67		94	116	131	142	148	166
68		102	130	144	158	165	183
69		112	141	162	175	181	202
70		123	154	176	189	202	219
71		131	167	191	207	218	239
72		144	182	205	222	233	257
73		166	209	240	257	273	297
74		188	240	274	294	310	338
75		209	266	305	332	346	377
76		232	297	338	366	386	417
77		256	326	372	401	421	456
78		282	357	407	444	466	503
79		307	393	448	486	508	548
80		333	426	485	527	552	593
81		360	461	521	566	596	639
82		385	493	563	606	638	683
83		410	525	599	647	684	729
84		437	558	634	689	726	775
85		467	597	680	734	772	825
86	**	514	657	748	807	849	908
87	**	565	722	823	888	934	998
88	**	622	795	905	977	1,028	1,098
89	**	684	874	996	1,075	1,130	1,208
90	**	752	961	1,095	1,182	1,243	1,329
91	**	827	1,058	1,205	1,300	1,368	1,462
92	**	910	1,163	1,325	1,430	1,504	1,608
93	**	1,001	1,280	1,458	1,573	1,655	1,768
94	**	1,101	1,408	1,603	1,731	1,820	1,945
95	**	1,211	1,548	1,764	1,904	2,002	2,140
96	**	1,332	1,703	1,940	2,094	2,203	2,354
97	**	1,466	1,874	2,134	2,304	2,423	2,589
98	**	1,612	2,061	2,348	2,534	2,665	2,848
99+	**	1,773	2,267	2,582	2,787	2,932	3,133

* Joint applicants receive 25% discount if both spouses are insured.

** Premium rates for age misstatements and Guaranteed Purchase Option Increases Only

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ
Factors to Apply to Base Rates to Add:

<u>Issue Age</u>	<u>Guaranteed Purchase Option</u>	<u>Simple Inflation</u>	<u>Compound Inflation</u>
< 39	1.03	2.19	4.05
39	1.03	2.18	4.03
40	1.03	2.17	4.01
41	1.03	2.16	4.00
42	1.03	2.15	3.98
43	1.03	2.13	3.95
44	1.03	2.12	3.90
45	1.03	2.11	3.85
46	1.03	2.10	3.79
47	1.03	2.09	3.71
48	1.03	2.08	3.63
49	1.03	2.07	3.56
50	1.03	2.06	3.48
51	1.03	2.05	3.41
52	1.03	2.04	3.37
53	1.03	2.02	3.32
54	1.03	2.01	3.28
55	1.03	2.00	3.22
56	1.03	1.99	3.17
57	1.03	1.98	3.12
58	1.03	1.97	3.01
59	1.03	1.96	2.89
60	1.03	1.95	2.78
61	1.03	1.94	2.68
62	1.03	1.93	2.57
63	1.03	1.90	2.52
64	1.03	1.88	2.47
65	1.03	1.86	2.42
66	1.03	1.84	2.39
67	1.03	1.82	2.34
68	1.03	1.78	2.27
69	1.03	1.75	2.20
70	1.03	1.72	2.12
71	1.03	1.68	2.05
72	1.03	1.65	1.96
73	1.03	1.62	1.89
74	1.03	1.58	1.81
75	1.03	1.55	1.74
76	1.03	1.52	1.67
77	1.03	1.49	1.60
78	1.03	1.45	1.56
79	1.03	1.43	1.51
80	1.03	1.40	1.48
81	1.03	1.38	1.44
82	1.03	1.34	1.41
83	1.03	1.33	1.39
84	1.03	1.32	1.36
85+	1.03	1.31	1.35

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ
Ten Year Paid-up Factors

Issue	
<u>Age</u>	<u>Factor</u>
<39	4.04
39	4.00
40	3.90
41	3.80
42	3.70
43	3.60
44	3.50
45	3.40
46	3.30
47	3.20
48	3.11
49	3.02
50	2.93
51	2.84
52	2.75
53	2.70
54	2.64
55	2.58
56	2.52
57	2.45
58	2.38
59	2.31
60	2.25
61	2.19
62	2.12
63	2.07
64	2.03
65	1.99
66	1.94
67	1.89
68	1.85
69	1.78
70	1.72
71	1.66
72	1.59
73	1.55
74	1.51
75	1.47
76	1.42
77	1.38
78	1.34
79	1.30
80	1.26
81	1.21
82	1.17
83	1.15
84	1.15
85+	1.15

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ

Extended Spousal Benefit Rider

Both spouses purchase
Benefit Period (days)

720	1.25
1080	1.22
1440	1.20
1800	1.19
2160	1.18

Factors to go from 7-day Elimination period to:

Elimination Period

0	1.04
30	0.96
60	0.91
90	0.87
180	0.79

Factor to add Dual Waiver of Premium option:

1.05

Factor to apply to NTQ plan to get TQ plan premiums:

0.93

Factor to apply to Preferred Rates for Other Classes

Select	1.25
Standard	1.50

Factor to add Shortened Benefit Period (Nonforfeiture)

1.08

Continental General Insurance Company
Individual Long Term Care
Forms LTC-020201-UTA-NQ, LTC-020201-UTA-TQ

Factor to add Survivorship Waiver of Premium

1.06

Factor to add Restoration of Benefits

Benefit Period

720	1.07
1080	1.05
1440	1.04
1800	1.02
2160	1.02
Unlimited	1.00

November 1, 2018

Virginia State Corporation Commission
Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ, L-6000-TQ, LTC-020201-UTA-NQ, and LTC-020201-UTA-TQ

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 10/2/2018 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *The Rate/Rule Schedule should contain only those rates submitted for approval. Please remove the Current Rates and move them to Supporting Documentation.*

Please find that the Current Rates have been moved from the Rate/Rule Schedule tab to the Supporting Documentation tab.

2. *We could not find when the forms included in the Affected Form Numbers section of the Rate/Rule Schedule were approved. Please provide the SERFF tracking number under which these forms were approved.*

The forms included in the Affected Form Numbers section were previously reviewed and approved by the state under the submission # **007 0000019978** and the submission # **007 0000019648** for L-6000 and LTC-020201, respectively.

3. *Please revise the Rate Action Information to include the Previous State Filing Number.*

Please find the reference to GLTC-130563086 under the Previous State Filing Number. Please note that this filing was never approved.

In light of this information, please consider our request for a 132.6% rate increase for the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Huyen Pham,
Actuarial Analyst
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

April 19, 2019

Virginia State Corporation Commission
Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ, L-6000-TQ, LTC-020201-UTA-NQ, and LTC-020201-UTA-TQ
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 3/15/2019 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Thank you for your response to our last objections. In regards to question 3, please provide the State Filing Number of the most recently approved filing.*

No rate increases have previously been approved for these forms in Virginia.

2. *Even if those these riders aren't getting a rate increase, please add the rates to the Rate/Rule Schedule.*

Please find **VA - SCI L6000 Riders** and **VA - SCI LTC02 Riders** have been added the Rate/Rule Schedule tab.

3. *14VAC5-200-75 requires that any policyholder notifications regarding rate increases must be filed with the Commission at the time the premium rate increase is filed and must include the following information:*
 - a) *The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D;*
 - b) *14VAC5-200-75 A 1 which requires a statement indicating the policy may be subject to future rate increases;*
 - c) *14VAC5-200-75 A 2 which requires a statement that should there be future rate increases, options like those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase; [SUGGESTED WORDING]: In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your policy.*
 - d) *14VAC5-200-75 A 3 which requires a statement indicating the premium rate or rate schedules that will be effect;*
 - e) *14VAC5-200-75 A 4 (a.) at which requires a description of when the premium rate or rate schedule adjustments will be effective; and (b.) which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.*

Long-Term Care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

- f) *A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:*
- i) *An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;*
 - ii) *A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;*
 - iii) *In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. As stated above, the information should be emphasized to bring attention to it; and*
 - iv) *Contact information that will allow the policyholder to contact the insurer for additional options available;*
- g) *A clear identification of the driving factors of the premium rate increase; and*
- h) *A statement substantially like the following:*
The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.
- i) *Because the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left-hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.*
- j) *If rate increases are to be phased in over multiple years, provide a letter that will be sent with each rate increase implementation notice.*
- k) *The policyholder notification should address insureds who are on premium waiver due to a claim.*

Please see the attached file entitled **SCI Policyholder Notification Letter – VA**, which is the planned policyholder notice of rate increase letter associated with the requested increase and includes the information required in 14VAC5-200-75.

In light of this information, please consider our request for a 132.6% rate increase for the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

June 12, 2019

Virginia State Corporation Commission
Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

RE: Continental General Insurance Company

NAIC No: 71404

Rate Revision Filing on Individual Long-Term Care Insurance

Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA

SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 5/13/2019 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Please move the Policyholder Notification Letter to the Forms Schedule for approval.*

Please find that the Policyholder Notification Letter has been moved to the Forms Schedule tab.

2. *Please submit a Statement of Variability for the Policyholder Notification Letter to Supporting Documentation. The Statement should describe, in detail, each variable field appearing in the form, and describe specifically how that field will vary from the text as presented.*

Please find a Statement of Variability uploaded to SERFF with this response.

3. *Please explain how the policy will be updated to reflect any changes the insured may choose to reduce the effects of the proposed rate increase. If the policy is revised or changed in any way, the policy owner must agree to the changes and the policy must be amended or endorsed by an approved form, such as a rider, endorsement, or application that has been reviewed and approved by the Bureau of Insurance.*

If a policyholder elects one of the benefit reduction options or contingent nonforfeiture benefit options shown in the notification letter, they need to return the applicable signed quotes page. This policyholder will receive an endorsement reflecting the benefit change. The Company is currently working to determine if we have documentation of endorsements previously approved by the Bureau of Insurance or if a separate filing for approval of the endorsement forms is needed. If a separate filing is needed, the Company plans to have the filing submitted to the Department in the near future. Once the form filing is submitted, the Company will update the Department with the SERFF tracking number that corresponds to the form filing, if applicable.

4. *Please provide the SERFF Tracking number when this filing was originally submitted for approval.*

Please note that SERFF was not available at the time these forms were submitted. Please find copies of the original Actuarial Memorandum for forms LTC-020201 and L-6000 have been submitted with this response.

In light of this information, please consider our request for a 132.6% rate increase for the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "D. Keeler". The signature is fluid and cursive, with a large initial "D" and a stylized "Keeler".

Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Loyal American Life Insurance Company
Long Term Care Policy Forms L-6000-NQ and L-6000-TQ
Riders L-6006, L-6007, L-6008, L-6009, L-6010, L-6011,
L-6012, L-6013, and L-6014

Actuarial Memorandum - Virginia

I PLAN DESCRIPTION

These policies are individual, guaranteed renewable forms providing benefits for long term care. Policy L-6000-NQ is not intended to be tax-qualified, while policy L-6000-TQ is intended to be tax-qualified. Several options are available, including inflation and non-forfeiture options.

A Benefits

This policy is a comprehensive Long-Term Care policy covering nursing home care and home health care.

The elimination period can be chosen as 0, 7, 30, 60, 90 or 180 calendar days. The benefit period is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times 365 times 2, 3, 4, 5, 6, or unlimited. The nursing home daily maximum is available in multiples of \$10 (minimum of \$50). Home health care is covered, with daily maximum options of 0%, 50%, 80%, 100%, 125% or 150% of the nursing home daily maximum. Actual expenses are reimbursed, up to the daily maximum.

Benefits are payable when the insured becomes disabled in two out of six Activities of Daily Living (ADLs) [anticipated to be at least 90 days for the Tax Qualified plan], or when he or she becomes cognitively impaired. The six ADL's are bathing, dressing, continence, eating, toileting and transferring. In order to be considered impaired in an ADL, a person must need substantial human assistance or supervision. In addition, the Non-Tax Qualified plans allow for nursing facility benefits to be available based on certification by a physician of medical necessity.

The insured can be provided with the services of a Care Advisor, who evaluates the insured's functional abilities, prepares a Plan of Care, and coordinates the care to be received. If the insured has a Plan of Care prepared by a Licensed Health Practitioner other than the company's Care Advisor, he must do so at his expense. The company must agree to the Plan of Care.

An insured who qualifies for benefits will be eligible to receive all long term care services that are included in the Plan of Care and covered under the policy. This could include nursing home care or assisted living facility care. A 21-day per year bed reservation benefit could be included in the Plan of Care under the base policy. The Plan of Care could also include home health care, adult day care, up to 30 days per year of respite care, or up to 5 times the daily maximum in informal caregiver training (one time only). Other alternate services could be included, if agreed to by all parties. Also, upon approval of the Care Advisor, the policy will cover home health care services provided by a independent caregiver who is properly certified, does not live with the insured, is not a member of the insured's immediate family, and would normally charge for the care.

After covered care has been provided for 90 days, premiums on the policy are waived for the remainder of the claim period

If the insured does not elect the nonforfeiture rider, then a contingent non-forfeiture benefit will automatically apply. This benefit will provide that, should the insured ever receive a substantial rate increase on his policy, he will be given the option of reducing his benefits or converting his coverage to paid-up status, with a shortened benefit period defined the same as on rider L-6006 (except that the 3-year waiting period does not apply)

All benefits are subject to the daily maximums, the total benefit allowance, and the elimination period (except that the latter does not apply to the respite benefit, the care advisory services, or the caregiver training benefit)

Several optional riders are available for these policies

- ☐ Rider L-6007 - Compound Inflation Protection Increases the daily maximum and the remaining lifetime maximum by 5%, compounded annually, on each policy anniversary
- ☐ Rider L-6008 - Simple Inflation Protection Increases the daily maximum and the remaining lifetime maximum by 5% of the original amounts, on each policy anniversary
- ☐ Rider L-6010 - Restoration Rider The pool of money is restored to its original level if the insured is claim-free and returns to normal activities for at least 6 months
- ☐ Rider L-6011 - Survivor Rider The premiums for a surviving spouse are waived if death occurs after both spouses have had this coverage continuously in-force for 10 or more years
- ☐ Rider L-6006 - Non-forfeiture Benefit After 3 years in-force, an insured may lapse with a reduced lifetime benefit, but unreduced daily benefit in-force. The amount of the reduced lifetime benefit is the greater of the 30 times the Nursing Home daily maximum in-force on the date of lapse and the numerical sum of the premiums paid while the policy was in-force
- ☐ Rider L-6009 - Guaranteed Purchase Option Gives the insured the option of increasing benefits by 15% every three years. The incremental benefits will be subject to an additional premium, based on the insured's attained age
- ☐ Rider L-6012 - Dual Waiver of Premium Waives the premium for a covered spouse when the other spouse's premium is waived due to claim
- ☐ Rider L-6013 - Shared Extended Expense An additional pool of money, less than or equal to the original pool of money, can be purchased by both spouses for them to share, should one (or both) of them reach his/her lifetime maximum
- ☐ Rider L-6014 - 10-Year Pay Rider Allows the policyholder to pay for coverage for his entire lifetime over a 10-year period

B Exclusions and Limitations

No benefit is payable for

- 1 Provided without charge in the absence of insurance,
- 2 Provided outside of the United States of America or its territories or possessions,
- 3 Provided by or in a Veteran's Administration or federal government facility, unless a valid charge is made to You or to Your estate,
- 4 Resulting, directly or indirectly, from attempted suicide or an intentionally self-inflicted injury while sane or insane, occurring after You become insured under the policy,
- 5 For care which results from participation in a felony, riot, or insurrection,

- 6 Resulting, directly or indirectly, from Your alcoholism or addiction to drugs or narcotics This does not include addiction which results from drugs or narcotics taken as prescribed by a physician,
- 7 Resulting from war or act of war (declared or undeclared),
- 8 Due to a condition for which You can receive benefits under Workers' Compensation, Employer's Liability or the Occupational Disease Act or Law,
- 9 Not included in a Plan of Care, or
- 10 Reimbursable under Title XVIII of the Social Security Act (Medicare) or would be so reimbursable but for the application of a deductible or coinsurance amount, or reimbursable under any other federal, or state health care plan or law, except Medicaid

C Issue Ages

Policies can be issued from ages 18 - 85 Rates have been developed for ages 86+, to be used only for misstatement of age and cost of living benefit increases These rates will not otherwise be marketed

D Marketing and Underwriting

The policy will be marketed to individuals through direct agents and brokers Applicants will be home-office underwritten, based on questions on the application and protective information, such as telephone interviews, face-to-face assessments, medical records, and cognitive screening

II ASSUMPTIONS

A Claim Costs

Long term care were developed from those available on similar products developed for a sister company, the claim costs for that product were based on the 2002 Milliman Long Term Care Claim Cost Guidelines The basis for these guidelines is governmental studies, experience of clients, and the expertise and judgment of Milliman USA actuaries

Sample aggregate annual claim costs are shown below They represent tax qualified policies with five year Benefit Period, 60 day elimination period, \$100 daily Benefit, \$80 per day Home Care Benefit for Preferred risks

Age	Male	Female	Age	Male	Female
40	19 58	18 11	80	1,026 44	1,576 18
45	31 20	30 57	85	1,858 86	3,230 87
50	46 74	41 63	90	2,999 37	5,675 77
55	72 37	60 88	95	3,934 14	7,977 12
60	108 98	118 47	100	4,460 04	9,266 01
65	161 79	183 66	105	3,192 99	9,751 32
70	266 97	296 63	110	2,211 65	9,333 84
75	539 05	672 04			

To these claim costs, durational select factors were applied to allow for the impact of underwriting, for the effect of marital status, and for the difference in benefit triggers for the two policies

Claim costs for the various available options were developed to be consistent with those of the base policies

Care Advisory expenses were added to the claim costs to reflect the costs of the care advisory services. These care advisory costs were assumed to be 5% of claims.

Durational select factors are as follows

Policy Year	Issue Ages						
	<60	60-64	65-69	70-74	75-79	80-84	85+
1	0.18	0.15	0.19	0.34	0.39	0.44	0.49
2	0.29	0.24	0.34	0.44	0.58	0.63	0.68
3	0.40	0.34	0.49	0.53	0.73	0.78	0.83
4	0.44	0.39	0.63	0.68	0.87	0.92	0.97
5	0.53	0.49	0.73	0.73	0.97	1.02	1.07
6	0.63	0.58	0.78	0.78	1.02	1.07	1.12
7	0.68	0.63	0.82	0.87	1.06	1.11	1.16
8	0.70	0.65	0.85	0.92	1.10	1.14	1.19
9	0.72	0.67	0.87	0.97	1.11	1.15	1.20
10	0.74	0.69	0.89	0.99	1.12	1.16	1.20
11	0.76	0.71	0.91	1.01	1.12	1.16	1.20
12	0.78	0.73	0.93	1.02	1.12	1.16	1.20
13	0.81	0.76	0.95	1.03	1.12	1.16	1.20
14	0.83	0.78	0.97	1.04	1.12	1.16	1.20
15	0.86	0.82	0.99	1.05	1.12	1.16	1.20
16	0.90	0.85	1.00	1.06	1.12	1.16	1.20
17	0.94	0.89	1.01	1.06	1.12	1.16	1.20
18	0.96	0.91	1.02	1.06	1.12	1.16	1.20
19	1.00	0.93	1.02	1.06	1.12	1.16	1.20
20	1.01	0.97	1.02	1.06	1.12	1.16	1.20
21	1.02	1.00	1.02	1.06	1.12	1.16	1.20

B Lapse Rates

The following annual lapse rates (excluding mortality) were assumed for year shown

1	2	3	4	5	6	7	8	9	10+
10.0%	9.0%	8.0%	6.0%	5.0%	4.5%	4.0%	3.5%	3.0%	2.5%

Lapse rates for policies with the 10 Year Pay Rider are assumed to be half of the above rates during the first nine years and 0% thereafter.

Mortality was assumed to be equal to the 1983 Group Annuitant Mortality Table, with selection factors applied (grading from 3 in duration 1 to 1.0 for durations 7+)

C Expenses

The following expenses were assumed

4.00%	of First Year Premium
5.00%	of All Premium

\$160 00	Per Policy Issued
\$24 00	Per Policy In Force
	(inflated at 3% per year)
5 00%	of Claims
2 50%	Premium Tax

D Commissions/Marketing Expenses

Commissions were assumed to be paid on original premium and not on waived premiums The following percentages were assumed which include all overrides

Policy Years	> age 65	65-69	70-74	75-79	80-84	85
1	95 0%	90 0%	77 5%	72 5%	62 5%	42 5%
2-4	28 0%	28 0%	28 0%	28 0%	28 0%	28 0%
5-10	7 0%	7 0%	7 0%	7 0%	7 0%	7 0%
11+	2 8%	2 8%	2 8%	2 8%	2 8%	2 8%

For the 10 Year Pay Rider, only first year commissions are paid

Sales made to affinity groups can receive premium discounts of either 5% or 10% If such a discount is received, the above commission percentages are applied to only 88% or 75% of the premium, respectively

E Distributions

The following issue age distribution of insureds was assumed

Male	45 44%	Inflation Options	
Female	54 56%	GPO	33 34%
		Simple	33 33%
Avg Maximum Daily Benefit	\$105	Compound	33 33%
Spouse Coverage	40%	Elimination Period	
		0 days	10 00%
Maximum Benefits		7 days	15 00%
2 year	15 00%	30 days	20 00%
3 year	15 00%	60 days	25 00%
4 year	15 00%	90 days	20 00%
5 year	15 00%	180 days	10 00%
6 year	15 00%		
Lifetime	25 00%	Tax Qualified	30%
		Non Qualified	70%
Affinity Discounts		Underwriting Class	
5%	10%	Preferred	50%
10%	5%	Select	45%
		Standard	5%
Issue Age		HHC Percentage	
< 60	3 19%	0%	5%
60-64	12 46%		
65-69	27 73%		

70-74	25 11%	50%	20%
75-79	17 94%	80%	50%
80-85	13 57%	100%	15%
		125%	10%
10 Year Pay Rider	10%	150%	5%

F Average Annual Premium

Based upon the above stated distributions, the average annual premium at issue is expected to be \$3,650

G Additional Reserves

For pricing, we assumed that additional reserves would be established using a 1-year preliminary term method and a 4.5% discount rate. Pricing claim costs were used, with selection, along with 1983 GAM mortality and 80% of pricing lapse rates.

III GROSS PREMIUMS

Gross premiums were computed to pay for benefits and expenses and to provide the desired overall return on equity. Investment income was assumed to accrue at a baseline average of 6.5% per year.

The resulting gross annual premiums for single insureds are attached. In addition, there will be a one time \$25.00 application fee that is refundable if the policy is not issued. A 25% spouse discount will apply to both husband and wife when the policies are purchased at the same time, and both spouses are approved for coverage and pay for their policies. If applicable, the spouse discount will continue throughout the life of the insured. This premium discount for married policyholders was developed since married individuals have lower long term care claim costs, based on the National Nursing Home Survey 1985 Summary for the United States and other sources. The National Nursing Home Survey shows the following:

<u>Marital Status</u>	<u>Average Length of Stay (days)</u>
Married	675
Widowed	990
Divorced	997
Never married	1,582

Policyholders can be classified as preferred risks, select risks, or standard risks. Select risks are charged premiums equal to 125% of the premiums charged to preferred risks, while standard risks are charged rates that are 150% of those for preferred risks. Preferred are those in good health, with an active lifestyle, and no current health impairments. Select are those with a fairly active lifestyle, are fully recovered from any significant health conditions, and those with only very minor current health impairments. Standard are those with less active lifestyle, recovered from recent significant health impairments, and those with some minor current health conditions.

Affinity groups could receive either a 5% or a 10% discount to premiums (subject to a reduction in agent commissions paid, as discussed in Section II D above).

For other than annual mode, the following factors will be applied:

Monthly pre-authorized check	0.085 times annual
Semiannual	0.520 times annual

Quarterly

0.265 times annual

Factors are available which would convert the annual premiums into premiums that are paid up after 10 years

Rates sheets are attached which show the annual premiums for a single insured for the 7-day elimination period option, for each of the different home health care coverage options, by benefit period. Factors are then shown which would convert these rates to annual premiums for other elimination periods, for adding other optional benefits, or for changing the payment parameters. The resulting annual premiums for the particular option selected will be rounded to the nearest dollar.

IV LOSS RATIO

The anticipated loss ratio, calculated by taking the present value of benefits, excluding change in additional reserves, divided by the present value of premiums at 6.5%, is expected to be 52.35%. In developing the anticipated loss ratio, the above assumptions and distributions were used. Factors for other options were developed to yield consistent lifetime loss ratio results. Exhibit I shows a projection of premiums, claims and policy reserves, as well as durational loss ratios with and without active life reserves, based on the distribution of business outlined above.

V ACTUARIAL CERTIFICATION

I, Mark Billingsley, am serving as the actuary for Loyal American Life Insurance Company and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the current and proposed requirements for filing long-term care insurance premiums.

Attached are the premium rate schedules to be used for new sales of the policy forms and riders specified above for Loyal American Life Insurance Company.

In my opinion the initial premium rate schedules based on my review as of July 2002 are sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedules are reasonably expected to be sustainable over the life of the forms with no future premium increases anticipated. Moderately adverse experience means that any one pricing assumption can be changed by at least 10% in any direction without the need for a subsequent premium rate change.

I have reviewed and taken into consideration the policy design and coverage provided.

I have reviewed and taken into consideration the company's planned underwriting and claims adjudication processes. I have reviewed and considered but not audited these procedures.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

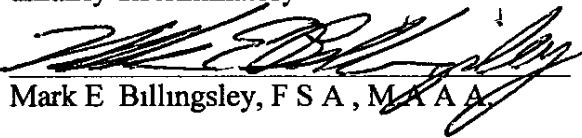
The reserves to be held will consist of active life reserves, unearned premium reserves, and claim reserves. The contract reserves will be the mid-terminal reserves calculated using a one year preliminary term basis plus the net unearned premium reserves, but never less than the gross unearned premium reserves in the aggregate. The contract reserves anticipated to be held under the form will be calculated using NAIC minimum reserve standards, currently using expected claims costs with selection, lapses based on 80% of the assumed voluntary lapse rate up to 8% in years 1-4, and 80% of the assumed voluntary lapse rate for years 5+, the mortality table specified in the NAIC minimum reserve standards for health insurance contracts (currently 1983 GAM) and the interest

rate specified in the NAIC minimum reserve standards (currently the maximum rate permitted in the valuation of whole life insurance) These assumptions provide reasonable margins for adverse experience

The net renewal valuation premiums do not increase The gross premiums are sufficient to cover renewal net premiums and expected renewal expenses in aggregate This is also true for all individual policies except for policies that include the compound inflation option I believe this is reasonable because the underlying gross premium maintains a reasonably consistent relationship by age, and the deficiency is primarily due to the statutory valuation interest rate

The premium rate schedules are consistently equal to or in excess of the premium rate schedule for other similar policy forms (except for reasonable differences attributable to benefits) Loyal American Life Insurance Company will be making available to the same broad class of applicants

I certify that, to the best of my knowledge and judgment, this entire rate filing is in compliance with applicable laws and that it complies with Actuarial Standard of Practice #8, and that the benefits are reasonable in relation to the premiums In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory


Mark E Billingsley, F S A , M A A A

August 21, 2003

Policy Year	Earned Premium	Incurred Claims	Increase in A L R	Loss Ratio without Active Life Reserve			Loss Ratio with Active Life Reserve		
				Durational	Cummulative	Future	Durational	Cummulative	Future
1	3 465 38	214 60	-	6 08%	6 19%	52 35%	6 08%	6 19%	78 78%
2	3 094 36	329 12	2 061 34	10 47%	8 22%	61 11%	71 31%	38 60%	92 56%
3	2 796 48	439 13	1 773 85	15 49%	10 31%	70 66%	72 85%	49 91%	95 45%
4	2 548 44	567 03	1,511 28	21 99%	12 61%	81 17%	74 89%	56 01%	98 57%
5	2 340 04	681 20	1 292 78	28 83%	14 96%	92 70%	77 28%	60 05%	101 90%
6	2 146 33	777 86	1 096 89	35 95%	17 29%	105 61%	79 81%	63 03%	105 46%
7	1 959 37	857 63	918 98	43 49%	19 56%	120 30%	82 61%	65 40%	109 30%
8	1 778 18	926 37	751 25	51 84%	21 77%	137 27%	85 67%	67 37%	113 43%
9	1 608 16	983 03	598 82	60 93%	23 92%	157 12%	89 00%	69 06%	117 88%
10	1 455 80	1,037 12	462 49	71 14%	26 02%	180 80%	92 51%	70 57%	122 69%
11	1 058 69	1 093 64	88 42	83 17%	28 29%	209 87%	95 38%	71 78%	127 92%
12	945 86	1 110 27	(14 64)	94 09%	30 44%	233 45%	98 50%	72 84%	131 52%
13	840 30	1 126 99	(117 58)	107 02%	32 48%	259 91%	101 66%	73 77%	135 09%
14	742 14	1 142 89	(219 12)	122 32%	34 43%	289 45%	104 82%	74 58%	138 61%
15	651 55	1 156 82	(317 59)	140 35%	36 30%	322 21%	107 92%	75 29%	142 02%
16	568 63	1 171 79	(415 83)	162 07%	38 10%	358 22%	110 79%	75 90%	145 31%
17	493 31	1 144 10	(465 00)	181 46%	39 76%	397 22%	114 07%	76 43%	148 48%
18	425 35	1 116 69	(511 25)	204 32%	41 29%	440 84%	117 27%	76 88%	151 34%
19	364 43	1 088 05	(552 77)	231 08%	42 71%	489 28%	120 29%	77 27%	153 78%
20	310 27	1 058 63	(589 77)	262 58%	44 01%	542 63%	123 00%	77 59%	155 71%
21	262 50	1 033 59	(628 23)	301 25%	45 23%	600 65%	124 95%	77 86%	157 03%
22	220 71	968 43	(618 54)	333 69%	46 30%	662 03%	127 47%	78 08%	157 81%
23	184 36	907 01	(608 36)	371 85%	47 25%	730 32%	129 44%	78 26%	157 59%
24	152 92	848 49	(597 00)	416 75%	48 10%	805 54%	130 61%	78 40%	156 20%
25	125 92	788 60	(579 77)	467 37%	48 84%	887 24%	130 93%	78 51%	153 51%
26	102 91	734 48	(564 88)	529 13%	49 49%	975 15%	129 42%	78 60%	149 35%
27	83 45	656 89	(519 43)	579 68%	50 05%	1066 29%	128 63%	78 66%	143 96%
28	67 09	585 47	(476 30)	638 25%	50 51%	1167 17%	126 43%	78 71%	136 46%
29	53 42	519 35	(434 80)	706 09%	50 90%	1277 68%	122 45%	78 74%	126 60%
30	42 10	456 26	(392 54)	781 56%	51 22%	1396 82%	116 71%	78 77%	114 25%
31	32 82	400 14	(354 29)	872 83%	51 49%	1523 80%	107 63%	78 78%	99 21%
32	25 31	336 13	(303 26)	943 99%	51 70%	1652 50%	100 02%	78 79%	82 12%
33	19 28	280 43	(257 99)	1026 08%	51 87%	1795 32%	89 88%	78 79%	61 09%
34	14 50	232 04	(217 79)	1120 75%	52 00%	1952 06%	76 64%	78 80%	35 66%
35	10 75	189 38	(181 21)	1224 55%	52 09%	2120 96%	60 72%	78 80%	5 57%
36	7 85	153 79	(150 24)	1350 92%	52 17%	2301 23%	39 17%	78 79%	-29 85%
37	5 65	119 79	(118 84)	1450 99%	52 23%	2481 19%	19 52%	78 79%	-69 42%
38	4 00	92 31	(93 07)	1566 17%	52 27%	2680 06%	-4 87%	78 79%	-117 02%
39	2 79	70 21	(72 01)	1698 04%	52 30%	2896 44%	-35 24%	78 79%	-173 81%
40	1 90	52 39	(54 63)	1840 29%	52 32%	3126 03%	70 27%	78 79%	-240 57%
41	1 28	38 66	(41 05)	2011 68%	52 33%	3366 72%	-116 03%	78 79%	-319 83%
42	0 84	27 31	(29 47)	2149 54%	52 34%	3595 30%	-161 29%	78 79%	-409 96%
43	0 54	18 91	(20 77)	2301 04%	52 35%	3836 43%	-216 90%	78 78%	-519 96%
44	0 34	12 77	(14 30)	2465 25%	52 35%	4084 73%	-286 33%	78 78%	-655 36%
45	0 20	8 29	(9 47)	2618 67%	52 35%	4329 29%	-362 46%	78 78%	-822 95%
46	0 12	5 22	(6 10)	2795 66%	52 35%	4580 59%	-460 62%	78 78%	-1047 91%
47	0 07	3 12	(3 74)	2950 55%	52 35%	4810 42%	-565 82%	78 78%	-1366 45%
48	0 04	1 78	(2 19)	3104 50%	52 35%	5024 60%	-692 87%	78 78%	-1902 81%
49	0 02	0 96	(1 22)	3246 35%	52 35%	5205 20%	-859 56%	78 78%	-3039 54%
50	0 01	0 47	(1 06)	3333 93%	52 35%	5330 68%	-4160 47%	78 78%	-6756 82%

United Teacher Associates Insurance Company

Long Term Care Policy Forms

LTC-020101-UTA-NQ and LTC-020201-UTA-TQ

Riders LTC-020201-UTA-SBR, LTC-020201-UTA-SMP,

LTC-020201-UTA-SEE, LTC-020201-UTA-RBR, LTC-020201-UTA-SBP, LTC-

020201-UTA-WOP, LTC-020201-UTA-CMP,

LTC-020201-UTA-10PAY, and LTC-020201-UTA-GPO

Actuarial Memorandum - Virginia

I PLAN DESCRIPTION

These policies are individual, guaranteed renewable forms providing benefits for long term care. Policy LTC-020101-UTA-NQ is not intended to be tax-qualified, while policy LTC-020201-UTA-TQ is intended to be tax-qualified. Several options are available, including inflation and non-forfeiture options.

A. Benefits

This policy is a comprehensive Long-Term Care policy covering nursing home care and home health care.

The elimination period can be chosen as 0, 7, 30, 60, 90 or 180 calendar days. The benefit period is administered on a "pool of money" basis, where the pool of money is calculated as the nursing home daily maximum times 365 times 2, 3, 4, 5, 6, or unlimited. The nursing home daily maximum is available in multiples of \$10 (minimum of \$50). Home health care is covered, with daily maximum options of 0%, 50%, 80%, 100%, 125% or 150% of the nursing home daily maximum. Actual expenses are reimbursed, up to the daily maximum.

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parties. Also, upon approval of the Care Advisor, the policy will cover home health care services provided by a independent caregiver who is properly certified, does not live with the insured, is not a member of the insured's immediate family, and would normally charge for the care.

After covered care has been provided for 90 days, premiums on the policy are waived for the remainder of the claim period.

If the insured does not elect the nonforfeiture rider, then a contingent non-forfeiture benefit will automatically apply. This benefit will provide that, should the insured ever receive a substantial rate increase on his policy, he will be given the option of reducing his benefits or converting his coverage to paid-up status, with a shortened benefit period defined the same as on rider LTC-020201-UTA-SBP (except that the 3-year waiting period does not apply).

All benefits are subject to the daily maximums, the total benefit allowance, and the elimination period (except that the latter does not apply to the respite benefit, the care advisory services, or the caregiver training benefit).

Several optional riders are available for these policies:

- ☐ Rider LTC-020201-UTA-CMP - Compound Inflation Protection. Increases the daily maximum and the remaining lifetime maximum by 5%, compounded annually, on each policy anniversary.
- ☐ Rider LTC-020201-UTA-SMP - Simple Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5% of the original amounts, on each policy anniversary.
- ☐ Rider LTC-020201-UTA-RBR - Restoration Rider. The pool of money is restored to its original level if the insured is claim-free and returns to normal activities for at least 6 months.
- ☐ Rider LTC-020201-UTA-SBR - Survivor Rider. The premiums for a surviving spouse are waived if death occurs after both spouses have had this coverage continuously in-force for 10 or more years.
- ☐ Rider LTC-020201-UTA-SBP - Non-forfeiture Benefit. After 3 years in-force, an insured may lapse with a reduced lifetime benefit, but unreduced daily benefit in-force. The amount of the reduced lifetime benefit is the greater of the 30 times the Nursing Home daily maximum in-force on the date of lapse and the numerical sum of the premiums paid while the policy was in-force.
- ☐ Rider LTC-020201-UTA-GPO - Guaranteed Purchase Option. Gives the insured the option of increasing benefits by 15% every three years. The incremental benefits will be subject to an additional premium, based on the insured's attained age.
- ☐ Rider LTC-020201-UTA-WOP - Dual Waiver of Premium: Waives the premium for a covered spouse when the other spouse's premium is waived due to claim.
- ☐ Rider LTC-020201-UTA-SEE - Shared Extended Expense. An additional pool of money, less than or equal to the original pool of money, can be purchased by both spouses for them to share, should one (or both) of them reach his/her lifetime maximum.
- ☐ Rider LTC-020201-UTA-10PAY - 10-Year Pay Rider. Allows the policyholder to pay for coverage for his entire lifetime over a 10-year period.

B Exclusions and Limitations

No benefit is payable for

1. Provided without charge in the absence of insurance;
2. Provided outside of the United States of America or its territories or possessions,

- 3 Provided by or in a Veteran's Administration or federal government facility, unless a valid charge is made to You or to Your estate,
4. Resulting, directly or indirectly, from attempted suicide or an intentionally self-inflicted injury while sane or insane, occurring after You become insured under the policy;
- 5 For care which results from participation in a felony, riot, or insurrection;
6. Resulting, directly or indirectly, from Your alcoholism or addiction to drugs or narcotics. This does not include addiction which results from drugs or narcotics taken as prescribed by a physician,
- 7 Resulting from war or act of war (declared or undeclared),
- 8 Due to a condition for which You can receive benefits under Workers' Compensation, Employer's Liability or the Occupational Disease Act or Law,
9. Not included in a Plan of Care; or
- 10 Reimbursable under Title XVIII of the Social Security Act (Medicare) or would be so reimbursable but for the application of a deductible or coinsurance amount; or reimbursable under any other federal, or state health care plan or law, except Medicaid.

C Issue Ages

Policies can be issued from ages 18 85 Rates have been developed for ages 86+, to be used only for misstatement of age and cost of living benefit increases These rates will not otherwise be marketed

D Marketing and Underwriting

The policy will be marketed to individuals through direct agents and brokers. Applicants will be home-office underwritten, based on questions on the application and protective information, such as telephone interviews, face-to-face assessments, medical records, and cognitive screening.

II ASSUMPTIONS

A Claim Costs

Long term care were developed from those available on similar products developed for a sister company, the claim costs for that product were based on the 2002 Milliman Long Term Care Claim Cost Guidelines The basis for these guidelines is governmental studies, experience of clients, and the expertise and judgment of Milliman USA actuaries

Sample aggregate annual claim costs are shown below. They represent tax qualified policies with five year Benefit Period, 60 day elimination period, \$100 daily Benefit, \$80 per day Home Care Benefit for Preferred risks

Age	Male	Female	Age	Male	Female
40	19 58	18 11	80	1,026 44	1,576 18
45	31 20	30 57	85	1,858 86	3,230 87
50	46 74	41 63	90	2,,999 37	5,675 77
55	72 37	60 88	95	3,934 14	7,977 12
60	108 98	118 47	100	4,460 04	9,266 01
65	161 79	183 66	105	3,192 99	9,751 32
70	266 97	296 63	110	2,211 65	9,333 84
75	539 05	672 04			

To these claim costs, durational select factors were applied to allow for the impact of underwriting, for the effect of marital status, and for the difference in benefit triggers for the two policies.

Claim costs for the various available options were developed to be consistent with those of the base policies

Care Advisory expenses were added to the claim costs to reflect the costs of the care advisory services. These care advisory costs were assumed to be 5% of claims

Durational select factors are as follows

Policy Year	Issue Ages						
	<60	60-64	65-69	70-74	75-79	80-84	85+
1	0.18	0.15	0.19	0.34	0.39	0.44	0.49
2	0.29	0.24	0.34	0.44	0.58	0.63	0.68
3	0.40	0.34	0.49	0.53	0.73	0.78	0.83
4	0.44	0.39	0.63	0.68	0.87	0.92	0.97
5	0.53	0.49	0.73	0.73	0.97	1.02	1.07
6	0.63	0.58	0.78	0.78	1.02	1.07	1.12
7	0.68	0.63	0.82	0.87	1.06	1.11	1.16
8	0.70	0.65	0.85	0.92	1.10	1.14	1.19
9	0.72	0.67	0.87	0.97	1.11	1.15	1.20
10	0.74	0.69	0.89	0.99	1.12	1.16	1.20
11	0.76	0.71	0.91	1.01	1.12	1.16	1.20
12	0.78	0.73	0.93	1.02	1.12	1.16	1.20
13	0.81	0.76	0.95	1.03	1.12	1.16	1.20
14	0.83	0.78	0.97	1.04	1.12	1.16	1.20
15	0.86	0.82	0.99	1.05	1.12	1.16	1.20
16	0.90	0.85	1.00	1.06	1.12	1.16	1.20
17	0.94	0.89	1.01	1.06	1.12	1.16	1.20
18	0.96	0.91	1.02	1.06	1.12	1.16	1.20
19	1.00	0.93	1.02	1.06	1.12	1.16	1.20
20	1.01	0.97	1.02	1.06	1.12	1.16	1.20
21	1.02	1.00	1.02	1.06	1.12	1.16	1.20

B. Lapse Rates

The following annual lapse rates (excluding mortality) were assumed for year shown.

1	2	3	4	5	6	7	8	9	10+
10.0%	9.0%	8.0%	6.0%	5.0%	4.5%	4.0%	3.5%	3.0%	2.5%

Lapse rates for policies with the 10 Year Pay Rider are assumed to be half of the above rates during the first nine years and 0% thereafter

Mortality was assumed to be equal to the 1983 Group Annuitant Mortality Table, with selection factors applied (grading from .3 in duration 1 to 1.0 for durations 7+)

C Expenses

The following expenses were assumed:

4.00%	of First Year Premium
5.00%	of All Premium
\$160.00	Per Policy Issued
\$24.00	Per Policy In Force
	(inflated at 3% per year)
5.00%	of Claims
2.50%	Premium Tax

D Commissions/Marketing Expenses

Commissions were assumed to be paid on original premium and not on waived premiums. The following percentages were assumed which include all overrides:

Policy Years	> age 65	65-69	70-74	75-79	80-84	85
1	95.0%	90.0%	77.5%	72.5%	62.5%	42.5%
2-4	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%
5-10	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
11+	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%

For the 10 Year Pay Rider, only first year commissions are paid.

Sales made to affinity groups can receive premium discounts of either 5% or 10%. If such a discount is received, the above commission percentages are applied to only 88% or 75% of the premium, respectively.

E. Distributions

The following issue age distribution of insureds was assumed:

Male	45.44%	Inflation Options	
Female	54.56%	GPO	33.34%
		Simple	33.33%
Avg. Maximum Daily Benefit	\$105	Compound	33.33%
Spouse Coverage	40%	Elimination Period	
		0 days	10.00%
Maximum Benefits		7 days	15.00%
2 year	15.00%	30 days	20.00%
3 year	15.00%	60 days	25.00%
4 year	15.00%	90 days	20.00%
5 year	15.00%	180 days	10.00%
6 year	15.00%		
Lifetime	25.00%	Tax Qualified	30%
		Non Qualified	70%
Affinity Discounts		Underwriting Class	
5%	10%	Preferred	50%
10%	5%		

Issue Age		Select	45%
		Standard	5%
< 60	3 19%	HHC Percentage	
60-64	12 46%		
65-69	27 73%		5%
70-74	25 11%		20%
75-79	17 94%		50%
80-85	13 57%		15%
		125%	10%
10 Year Pay Rider	10%	150%	5%

F Average Annual Premium

Based upon the above stated distributions, the average annual premium at issue is expected to be \$3.650

G. Additional Reserves

For pricing, we assumed that additional reserves would be established using a 1-year preliminary term method and a 4 5% discount rate Pricing claim costs were used, with selection, along with 1983 GAM mortality and 80% of pricing lapse rates

III. GROSS PREMIUMS

Gross premiums were computed to pay for benefits and expenses and to provide the desired overall return on equity. Investment income was assumed to accrue at a baseline average of 6.5% per year.

The resulting gross annual premiums for single insureds are attached In addition, there will be a one time \$25 00 application fee that is refundable if the policy is not issued. A 25% spouse discount will apply to both husband and wife when the policies are purchased at the same time, and both spouses are approved for coverage and pay for their policies If applicable, the spouse discount will continue throughout the life of the insured This premium discount for married policyholders was developed since married individuals have lower long term care claim costs, based on the National Nursing Home Survey 1985 Summary for the United States and other sources The National Nursing Home Survey shows the following

<u>Marital Status</u>	<u>Average Length of Stay (days)</u>
Married	675
Widowed	990
Divorced	997
Never married	1,582

Policyholders can be classified as preferred risks, select risks, or standard risks Select risks are charged premiums equal to 125% of the premiums charged to preferred risks, while standard risks are charged rates that are 150% of those for preferred risks. Preferred are those in good health, with an active lifestyle, and no current health impairments. Select are those with a fairly active lifestyle, are fully recovered from any significant health conditions, and those with only very minor current

health impairments. Standard are those with less active lifestyle, recovered from recent significant health impairments, and those with some minor current health conditions

Affinity groups could receive either a 5% or a 10% discount to premiums (subject to a reduction in agent commissions paid, as discussed in Section II.D above)

For other than annual mode, the following factors will be applied

Monthly pre-authorized check:	0.085 times annual
Semiannual	0.520 times annual
Quarterly	0.265 times annual

Factors are available which would convert the annual premiums into premiums that are paid up after 10 years

Rates sheets are attached which show the annual premiums for a single insured for the 7-day elimination period option, for each of the different home health care coverage options, by benefit period. Factors are then shown which would convert these rates to annual premiums for other elimination periods, for adding other optional benefits, or for changing the payment parameters. The resulting annual premiums for the particular option selected will be rounded to the nearest dollar.

IV. LOSS RATIO

The anticipated loss ratio, calculated by taking the present value of benefits, excluding change in additional reserves, divided by the present value of premiums at 6.5%, is expected to be 52.35%. In developing the anticipated loss ratio, the above assumptions and distributions were used. Factors for other options were developed to yield consistent lifetime loss ratio results. Exhibit I shows a projections of premiums, claims and policy reserves, as well as durational loss ratios with and without active life reserves, based on the distribution of business outlined above.

V. ACTUARIAL CERTIFICATION

I, Mark Billingsley, am Senior Vice President and Chief Actuary for United Teacher Associates Insurance Company and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the current and proposed requirements for filing long-term care insurance premiums.

Attached are the premium rate schedules to be used for new sales of the policy forms and riders specified above for United Teacher Associates Insurance Company.

In my opinion the initial premium rate schedules based on my review as of July 2002 are sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedules are reasonably expected to be sustainable over the life of the forms with no future premium increases anticipated. Moderately adverse experience means that any one pricing assumption can be changed by at least 10% in any direction without the need for a subsequent premium rate change.

I have reviewed and taken into consideration the policy design and coverage provided.

I have reviewed and taken into consideration the company's planned underwriting and claims adjudication processes. I have reviewed and considered but not audited these procedures.

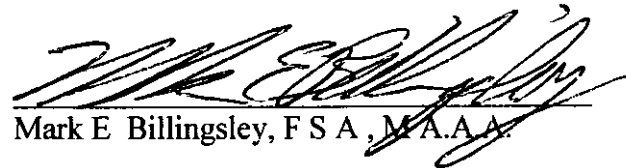
In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

The reserves to be held will consist of active life reserves, unearned premium reserves, and claim reserves. The contract reserves will be the mid-terminal reserves calculated using a one year preliminary term basis plus the net unearned premium reserves, but never less than the gross unearned premium reserves in the aggregate. The contract reserves anticipated to be held under the form will be calculated using NAIC minimum reserve standards, currently using expected claims costs with selection, lapses based on 80% of the assumed voluntary lapse rate up to 8% in years 1-4, and 80% of the assumed voluntary lapse rate for years 5+, the mortality table specified in the NAIC minimum reserve standards for health insurance contracts (currently 1983 GAM) and the interest rate specified in the NAIC minimum reserve standards (currently the maximum rate permitted in the valuation of whole life insurance). These assumptions provide reasonable margins for adverse experience

The net renewal valuation premiums do not increase. The gross premiums are sufficient to cover renewal net premiums and expected renewal expenses in aggregate. This is also true for all individual policies except for policies that include the compound inflation option. I believe this is reasonable because the underlying gross premium maintains a reasonably consistent relationship by age, and the deficiency is primarily due to the statutory valuation interest rate

The premium rate schedules are consistently equal to or in excess of the premium rate schedule for other similar policy forms (except for reasonable differences attributable to benefits) that United Teacher Associates Insurance Company will be making available to the same broad class of applicants

I certify that, to the best of my knowledge and judgment, this entire rate filing is in compliance with applicable laws and that it complies with Actuarial Standard of Practice #8, and that the benefits are reasonable in relation to the premiums. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.


Mark E. Billingsley, F S A, M A. A. A.

August 21, 2003

Policy Year	Earned Premium	Incurred Claims	Increase in A L R	Loss Ratio without Active Life Reserve			Loss Ratio with Active Life Reserve		
				Durational	Cummulative	Future	Durational	Cummulative	Future
1	3,465 38	214 60	-	6 08%	6 19%	52 35%	6 08%	6 19%	78 78%
2	3,094 36	329 12	2,061 34	10 47%	8 22%	61 11%	71 31%	38 60%	92 56%
3	2,796 48	439 13	1,773 35	15 49%	10 31%	70 66%	72 85%	49 91%	95 45%
4	2,548 44	567 03	1,511 28	21 99%	12 61%	81 17%	74 89%	56 01%	98 57%
5	2,340 04	681 20	1,292 78	28 83%	14 96%	92 70%	77 28%	60 05%	101 90%
6	2,146 33	777 86	1,096 89	35 95%	17 29%	105 61%	79 81%	63 03%	105 46%
7	1,959 37	857 63	918 98	43 49%	19 56%	120 30%	82 61%	65 40%	109 30%
8	1,778 18	926 37	751 25	51 84%	21 77%	137 27%	85 67%	67 37%	113 43%
9	1,608 16	983 03	598 82	60 93%	23 92%	157 12%	89 00%	69 06%	117 88%
10	1,455 80	1,037 12	462 49	71 14%	26 02%	180 80%	92 51%	70 57%	122 69%
11	1,058 69	1,093 64	88 42	83 17%	28 29%	209 87%	95 38%	71 78%	127 92%
12	945 86	1,110 27	(14 64)	94 09%	30 44%	233 45%	98 50%	72 84%	131 52%
13	840 30	1,126 99	(117 58)	107 02%	32 48%	259 91%	101 66%	73 77%	135 09%
14	742 14	1,142 89	(219 12)	122 32%	34 43%	289 45%	104 82%	74 58%	138 61%
15	651 55	1,156 92	(317 59)	140 35%	36 30%	322 21%	107 92%	75 29%	142 02%
16	568 63	1,171 79	(415 83)	162 07%	38 10%	358 22%	110 79%	75 90%	145 31%
17	493 31	1,144 10	(465 00)	181 46%	39 76%	397 22%	114 07%	76 43%	148 48%
18	425 35	1,116 69	(511 25)	204 32%	41 29%	440 84%	117 27%	76 88%	151 34%
19	364 43	1,088 05	(552 77)	231 08%	42 71%	489 28%	120 29%	77 27%	153 78%
20	310 27	1,058 63	(589 77)	262 58%	44 01%	542 63%	123 00%	77 59%	155 71%
21	262 50	1,033 59	(628 23)	301 25%	45 23%	600 65%	124 95%	77 86%	157 03%
22	220 71	968 43	(618 54)	333 69%	46 30%	662 03%	127 47%	78 08%	157 81%
23	184 36	907 01	(608 36)	371 85%	47 25%	730 32%	129 44%	78 26%	157 59%
24	152 92	848 49	(597 00)	416 75%	48 10%	805 54%	130 61%	78 40%	156 20%
25	125 92	788 60	(579 77)	467 37%	48 84%	887 24%	130 93%	78 51%	153 51%
26	102 91	734 48	(564 88)	529 13%	49 49%	975 15%	129 42%	78 60%	149 35%
27	83 45	656 89	(519 43)	579 68%	50 05%	1066 29%	128 63%	78 66%	143 96%
28	67 09	585 47	(476 30)	638 25%	50 51%	1167 17%	126 43%	78 71%	136 46%
29	53 42	519 35	(434 80)	706 09%	50 90%	1277 68%	122 45%	78 74%	126 60%
30	42 10	456 26	(392 54)	781 56%	51 22%	1396 82%	116 71%	78 77%	114 25%
31	32 82	400 14	(354 29)	872 83%	51 49%	1523 80%	107 63%	78 78%	99 21%
32	25 31	336 13	(303 26)	943 99%	51 70%	1652 50%	100 02%	78 79%	82 12%
33	19 28	280 43	(257 99)	1026 08%	51 87%	1795 32%	89 88%	78 79%	61 09%
34	14 50	232 04	(217 79)	1120 75%	52 00%	1952 06%	76 64%	78 80%	35 66%
35	10 75	189 38	(181 21)	1224 55%	52 09%	2120 96%	60 72%	78 80%	5 57%
36	7 85	153 79	(150 24)	1350 92%	52 17%	2301 23%	39 17%	78 79%	-29 85%
37	5 65	119 79	(118 84)	1450 99%	52 23%	2481 19%	19 52%	78 79%	-69 42%
38	4 00	92 31	(93 07)	1566 17%	52 27%	2680 06%	-4 87%	78 79%	-117 02%
39	2 79	70 21	(72 01)	1698 04%	52 30%	2896 44%	-35 24%	78 79%	-173 81%
40	1 90	52 39	(54 63)	1840 29%	52 32%	3126 03%	-70 27%	78 79%	-240 57%
41	1 28	38 66	(41 05)	2011 68%	52 33%	3366 72%	-116 03%	78 79%	-319 83%
42	0 84	27 31	(29 47)	2149 54%	52 34%	3595 30%	-161 29%	78 79%	-409 96%
43	0 54	18 91	(20 77)	2301 04%	52 35%	3836 43%	-216 90%	78 78%	-519 96%
44	0 34	12 77	(14 30)	2465 25%	52 35%	4084 73%	-286 33%	78 78%	-655 36%
45	0 20	8 29	(9 47)	2618 67%	52 35%	4329 29%	-362 46%	78 78%	-822 95%
46	0 12	5 22	(6 10)	2795 66%	52 35%	4580 59%	-460 62%	78 78%	-1047 91%
47	0 07	3 12	(3 74)	2950 55%	52 35%	4810 42%	-565 82%	78 78%	-1366 45%
48	0 04	1 78	(2 19)	3104 50%	52 35%	5024 60%	-692 87%	78 78%	-1902 81%
49	0 02	0 96	(1 22)	3246 35%	52 35%	5205 20%	-859 56%	78 78%	-3039 54%
50	0 01	0 47	(1 06)	3333 93%	52 35%	5330 68%	-4160 47%	78 78%	-6756 82%

June 14, 2019

Virginia State Corporation Commission
Bureau of Insurance
1300 East Main Street
Richmond, Virginia 23219

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 6/13/2019 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

- 1. The SERFF Tracking Number provided as the Previous State Filing Number (GLTC-130563086) is not a working number. Please provide a working SERFF number for the Previous State Filing Number.*

The Company tried searching the State tracking number GLTC-130563086 in SERFF and was able to locate the filing. Please see the attached screen shot of our search results.

In light of this information, please consider our request for a 132.6% rate increase for the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Deborah A. Keeler, ASA, MAAA
Senior Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717



Tracking Number:

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 This Filing has been marked as public access.



Virginia

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Product Name: * Long Term Care

SERFF Tr Num: GLTC-130563086

SERFF Status: Closed-Disapproved

TOI: LTC03I Individual Long Term Care

State Tr Num: GLTC-130563086

State Status: Disapproved

Sub-TOI: LTC03I.003 Other

Co Tr Num: SENIOR CLASS INDIVIDUAL RATE INCREASE, 2015

Co Status:

Filing Type: Rate

Date Submitted: 05/27/2016

Disposition Date: 06/07/2017

Implementation Date Requested: On Approval

Authors: Deborah Keeler , Stephanie Entzminger , Ari Sobelman , Benjamin Unterreiner , Hina Ahmad , April Trusty , Cameron Zima , Eric Coldewey

January 9, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 12/10/2019 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *In accordance with 14VAC5-200-75 A 2, please provide a statement describing a policyholder's options in the event of future premium rate revisions.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled **"RINC Letter - SCI - VA - 2019 Revised v2"**. The revised notification letter includes the requested changes.

2. *As this letter can be used only for Continental General Insurance, please remove the statement about being the administrator for Loyal American Life Insurance, and any other references to other insurance companies.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled **"RINC Letter - SCI - VA - 2019 Revised v2"**. The revised notification letter includes the requested changes.

3. *In accordance with 14VAC5-200-75 A 4, please provide an explanation that a policyholder has the right to a revised premium or rate schedule if the premium or rate schedule is changed.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled **"RINC Letter - SCI - VA - 2019 Revised v2"**. The revised notification letter includes the requested changes.

4. *In compliance with 14VAC5-200-75 D 2, provide a disclosure that all options available to the policyholder may not be of equal value. As this is a disclosure, this statement should be emphasized (bolding, highlight, larger print, etc.)*
The letter should also contain a disclosure stating that, in the case of a partnership policy, some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections.

Please find a revised policyholder notification letter uploaded to SERFF, entitled **"RINC Letter - SCI - VA - 2019 Revised v2"**. The revised notification letter includes the requested changes. Please note that no partnership policies are included in this filing, so partnership disclosure has not been added.

5. *Please provide a clear identification of the driving factors of the premium rate increase, in compliance with 14VAC5-200-75 D 3. The statement should be in clear, "consumer-friendly" language that would allow a policyholder, with little or no insurance knowledge, to understand the reasons for the increase.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled **"RINC Letter - SCI - VA - 2019 Revised v2"**. The revised notification letter includes the requested changes.

6. *14VAC5-100-50 2 requires that the full and proper corporate name shall appear prominently on the form. The Bureau feels the corporate name, as shown on the top, left corner of the page does not fulfill the prominence requirement of the regulation.*

Please find a revised policyholder notification letter uploaded to SERFF, entitled **"RINC Letter - SCI - VA - 2019 Revised v2"**. The revised notification letter includes the requested changes.

7. *In the event the company address changes, and to prevent having to re-file the letter for approval, we might suggest adding brackets to the corporate address.*

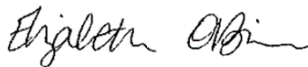
Please find a revised policyholder notification letter uploaded to SERFF, entitled **"RINC Letter - SCI - VA - 2019 Revised v2"**. The revised notification letter includes the requested changes.

8. *In accordance with 14VAC5-110-50 D, provide a readability report for the policyholder letter including the number of sentences, words, syllables, and a Flesch reading ease score of 40 or better.*

Please see the **"SCI VA Readability"** attached with this response.

In light of this information, please consider our request for a 132.6% rate increase for the above-referenced policy forms. Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Elizabeth A. O'Brien, FSA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

February 10, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 02/05/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

- 1. The forms numbered CGI(LOY) – RINC(VA)(0120)-BR and CGI(LOY) – RINC(VA)(0120)-CNFO are designed to be signed, removed from the policyholder letter and sent to the company. As such they must be treated as separate forms. Please put each form on a separate line in the Form Schedule.*

Please see the forms **CGI(LOY) – RINC(VA)(0120)-BR** and **CGI(LOY) – RINC(VA)(0120)-CNFO** which have been separated from the rate increase letter and filed separately in the Form Schedule tab. They have been kept within the rate increase letter in the tab because they are sent with the letter.

In light of this information, please consider our request for a 132.6% rate increase for the above-referenced policy forms.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Madison P. Nahrup", is written over a horizontal line.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

March 5, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 02/05/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *For all projections requested in the next question, the baseline should comply with the following:*
 - a. *All discounting (including projection with original assumptions) should be performed using the statutory valuation interest rates or appropriate average thereof.*
 - b. *Any limited-pay policies that are now in paid-up status should be removed, both from historical experience and future projections.*
 - c. *For this post-stability block, assumptions may include reasonable margins.*
 - d. *Nationwide premiums should be calculated as if all policies were issued in Virginia for both historical and projected future premiums.*

Regarding 1a, all exhibits in question 2 are discounted using the maximum valuation interest rate, weighted on the issue years of the forms used in the filing. As described in Section 10D of the Actuarial Memorandum, the average maximum valuation interest rate of 4.13% is used to calculate the lifetime loss ratios. This is consistent with the guidance provided in the Senior Issues Task Force Model Bulletin and the requirements established in the 2000 LTC NAIC Model regulation.

Regarding 1b, all exhibits exclude limited-pay policies that are now in paid-up status, both from historical experience and future projections.

Regarding 1c, all moderately adverse calculations include a 10% margin.

Regarding 1d, premiums are labeled with as Virginia rate increase level where premium are calculated as if all policies were issued in Virginia.

2. *To assist the Bureau in its review, please provide (in Excel format) the following projections on a nationwide basis:*
 - a. *current assumptions and current rates*
 - b. *current assumptions with the proposed rate increase*

- c. *current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)*
- d. *current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*
- e. *original assumptions and original premiums from inception*
Projections a/e can be separate tabs or combined into separate columns on the same exhibit.

Regarding 2a and 2b, please see **Exhibit 4** containing historical and projected Nationwide experience. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. The experience has been adjusted to reflect the State's specific rate history.

Regarding 2c, please see the attached **Exhibit 8** and **Exhibit 9** containing historical and projected experience using current assumptions without any shock lapses, benefit reductions, CBUL, or adverse selection. The projection includes experience both with and without the rate increase. Nationwide experience is restated to Virginia rate increase level. Exhibit 8 contains best estimate present values, while Exhibit 9 displays Moderately Adverse with a 10% margin.

Regarding 2d, please see the attached **Exhibit 10** containing historical and projected experience using current assumptions. The experience assumes the proposed rate increase was charged since inception. Incurred claims are actual claims for historical years and projected years are projected as if the proposed rate increase was implemented from inception.

Regarding 2e, please see the attached **Exhibit 11** containing historical and projected experience under original assumptions.

3. *Please provide the active life reserves balance as of the projection date on a nationwide basis.*

Please see the table below that includes the active life reserves on a Nationwide basis as of 12/31/2017. These values do not include the reserves based on asset adequacy testing.

Form	Nationwide
L-6000 and LTC-020201	\$137,239,071

4. *Exhibit D-1 shows that the implied lapse rates are significantly higher than the assumed ultimate lapse rate in durations 12+. Please explain why this assumption should be considered reasonable in light of the actual experience.*

The lapse rate assumption was chosen to be consistent with the cash flow testing assumptions. These assumptions were set conservatively because of uncertainty of the ultimate termination rate due to credibility limitation.

5. *Please indicate the number of claims in the Company's experience used in the morbidity study as described in Appendix D to develop the actual to expected fitting factors.*

The Company's experience study includes 6,372 claims, which is considered fully credible in aggregate. The fitting factors were calculated so that actual-to-expected fits are reasonable in the aggregate (and based on fully credible data); the fitting factors by characteristic (e.g., benefit period, payment type, etc.) reflect the claim cost for that characteristic relative to the overall claim experience, while still preserving an overall actual-to-expected fit that is reasonable.

6. *Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.*

Please see the attached documents **Rate Increase History** and **Rate Increase History – Excel**, which contains the rate increase history for these forms as of 3/4/2020 and annualized premium as of 9/30/2019.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Rate Increase History
Continental General Insurance
Policy Forms: L-6000 and LTC-020201
History as of 3/4/2020

States	1st Increase				2nd Increase				3rd Increase				4th Increase				Cumulative %	Annual Premium ¹
	Date Requested	Percent Requested	Date Approved	Percent Approved	Date Requested	Percent Requested	Date Approved	Percent Approved	Date Requested	Percent Requested	Date Approved	Percent Approved	Date Requested	Percent Requested	Date Approved	Percent Approved		
AL	9/3/2013	20.0%	12/23/2013	20.0%	12/18/2015	30.0%	12/6/2016	30.0%	7/19/2018	44.4%	PENDING						56.0%	\$135,431
AR	9/25/2013	20.0%	11/13/2013	0.0%	12/18/2015	30.0%	1/21/2016	0.0%	8/10/2018	132.6%	9/17/2018	10.0%					10.0%	\$63,766
AZ	11/22/2013	20.0%	1/17/2014	0.0%	8/27/2018	132.6%	5/23/2019	48.0%									48.0%	\$100,209
CO	1/29/2016	30.0%	2/18/2016	0.0%	5/15/2019	75.0%	PENDING										0.0%	\$391,703
CT	9/24/2013	20.0%	10/25/2013	0.0%													0.0%	\$0
DC	9/24/2013	10.0%	2/4/2014	10.0%	6/2/2016	10.0%	7/29/2016	10.0%	2/20/2019	180.7%	PENDING						21.0%	\$15,308
GA	8/25/2013	20.0%	3/13/2014	12.0%	12/18/2015	30.0%	5/5/2016	12.0%	6/22/2018	82.5%	8/21/2018	18.0%	6/7/2019	18.0%	8/26/2019	12.0%	65.8%	\$2,787,019
IA	9/25/2013	20.0%	5/13/2014	17.0%	3/21/2016	30.0%	8/2/2016	17.0%	7/3/2018	66.5%	9/18/2018	17.9%					61.4%	\$189,644
ID	9/24/2013	20.0%	2/11/2014	20.0%	1/18/2016	30.0%	8/11/2016	30.0%									56.0%	\$9,978
IL	8/25/2013	118.9%	11/7/2016	118.9%													118.9%	\$1,906,939
IN	8/24/2018	132.6%	10/29/2018	0.0%	2/7/2020	30.5%	2/28/2020										0.0%	\$1,171,405
KS	8/25/2013	20.0%	9/25/2014	0.0%	12/18/2015	50.2%	9/2/2016	50.2%									50.2%	\$222,166
KY	9/24/2013	20.0%	10/14/2013	20.0%	1/18/2016	30.0%	4/11/2016	0.0%	9/18/2018	87.3%	12/14/2018	20.0%					44.0%	\$55,025
LA	8/27/2013	20.0%	10/14/2013	0.0%	1/13/2016	30.0%	8/5/2016	15.0%	8/20/2018	104.4%	9/24/2019	25.0%					43.8%	\$757,112
MI	9/25/2013	20.0%	10/10/2013	20.0%	12/18/2015	30.0%	1/5/2016	30.0%	3/29/2019	43.0%	4/22/2019	43.0%					123.1%	\$16,685
MO (Pre)	8/27/2013	20.0%	10/31/2013	20.0%	12/19/2018	92.3%	PENDING										20.0%	\$10,214
MO (Post)	8/27/2013	20.0%	11/25/2013	20.0%	10/12/2018	90.8%	PENDING										20.0%	\$84,421
MS	9/24/2013	20.0%	12/10/2013	20.0%	2/19/2016	25.0%	9/12/2016	25.0%									50.0%	\$96,934
MT	9/24/2013	20.0%	12/3/2013	10.0%	2/18/2016	30.0%	7/8/2016	22.7%									35.0%	\$22,327
NC	9/24/2013	20.0%	10/24/2013	20.0%	4/20/2016	30.0%	12/22/2016	23.0%	8/3/2018	54.6%	PENDING						47.6%	\$130,882
ND	9/18/2013	20.0%	10/21/2013	15.0%	12/18/2015	30.0%	1/26/2016	15.0%	3/29/2019	74.4%	5/3/2019	0.0%					32.3%	\$14,760
NE	8/27/2013	20.0%	11/7/2013	20.0%	1/13/2016	30.0%	5/24/2016	17.7%	8/10/2018	58.3%	11/21/2018	17.6%					66.1%	\$161,554
NM	8/27/2013	20.0%	10/18/2013	0.0%	12/18/2015	30.0%	1/27/2016	0.0%	2/5/2019	101.7%	2/26/2019	10.0%					10.0%	\$390,160
NV	9/3/2013	20.0%	11/14/2014	13.3%	2/23/2016	30.0%	2/8/2017	10.0%									24.6%	\$10,267
OH	9/24/2013	20.0%	4/25/2016	15.6%	6/28/2018	15.0%	9/7/2018	15.0%	9/16/2019	15.0%	1/7/2020	15.0%					52.9%	\$753,785
OK	8/28/2013	20.0%	11/12/2013	20.0%	12/18/2015	30.0%	2/4/2016	10.0%	8/31/2018	69.9%	11/13/2018	10.0%	10/31/2019	22.0%	12/5/2019	15.0%	67.0%	\$81,205
PA	9/24/2013	20.0%	11/5/2013	20.0%	3/4/2016	30.0%	6/21/2016	20.0%	2/5/2019	58.4%	8/23/2019	20.0%					72.8%	\$27,501
SC	9/4/2013	20.0%	1/22/2014	20.0%	12/18/2015	30.0%	5/11/2016	20.0%	12/7/2018	58.7%	7/1/2019	20.0%					72.8%	\$39,981
SD	9/4/2013	20.0%	10/9/2013	20.0%	2/19/2016	30.0%	3/16/2016	30.0%	9/19/2018	41.5%	10/29/2018	41.5%					120.7%	\$72,311
TN	9/25/2013	20.0%	4/4/2014	20.0%	2/19/2016	30.0%	9/27/2016	20.0%	9/5/2018	57.3%	1/15/2019	35.0%					94.4%	\$69,334
TX	9/24/2013	20.0%	10/7/2013	0.0%	5/10/2016	135.9%	3/3/2017	64.0%	8/16/2019	35.0%	PENDING						64.0%	\$4,832,510
UT	9/24/2013	20.0%	12/11/2013	20.0%	2/24/2016	30.0%	5/4/2016	0.0%	7/9/2018	87.8%	12/19/2018	30.0%					56.0%	\$217,469
VA	9/24/2013	20.0%	3/31/2015	0.0%	5/27/2016	30.0%	6/7/2017	0.0%	9/12/2018	132.6%	PENDING						0.0%	\$23,492
WA	8/25/2013	20.0%	10/25/2013	20.0%	12/18/2015	30.0%	8/10/2016	30.0%	6/22/2018	42.9%	PENDING						56.0%	\$607,763
WI	9/4/2013	20.0%	10/17/2013	20.0%	12/18/2015	30.0%	2/24/2016	30.0%									56.0%	\$14,641
WV	9/4/2013	20.0%	12/20/2013	20.0%	2/24/2016	30.0%	5/27/2016	30.0%	8/6/2018	42.6%	11/15/2018	20.0%					87.2%	\$127,205
WY	8/28/2013	20.0%	10/23/2013	20.0%	12/18/2015	30.0%	2/8/2016	30.0%	9/5/2018	41.2%	10/1/2018	41.2%					120.3%	\$57,898

¹ Annual Premium as of 9/30/2019

Exhibit 8

Continental General Insurance Company

Policy Forms: L-6000 and LTC-020201

**Best Estimate Nationwide Experience Adjusted to Reflect Virginia Rate Increase History, Before and After Proposed Rate Increase
No Shock Lapse**

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio*
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,657,305	13,657,305	3,598,148	26.3%
2015	13,352,589	13,352,589	4,145,045	31.0%
2016	13,042,788	13,042,788	7,589,019	58.2%
2017	12,016,156	12,016,156	7,237,353	60.2%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,421,157	11,421,157	6,344,070	55.5%
2019	10,973,908	10,973,908	7,137,323	65.0%
2020	10,522,282	10,522,282	7,980,860	75.8%
2021	10,132,552	10,132,552	8,916,669	88.0%
2022	9,743,469	9,743,469	9,903,829	101.6%
2023	9,334,583	9,334,583	10,934,258	117.1%
2024	8,903,682	8,903,682	12,004,638	134.8%
2025	8,450,887	8,450,887	13,081,483	154.8%
2026	7,979,233	7,979,233	14,119,785	177.0%
2027	7,493,131	7,493,131	15,111,271	201.7%
2028	6,997,345	6,997,345	16,065,752	229.6%
2029	6,496,592	6,496,592	16,972,148	261.2%
2030	5,995,903	5,995,903	17,777,657	296.5%
2031	5,500,414	5,500,414	18,424,890	335.0%
2032	5,014,711	5,014,711	18,887,837	376.6%
2033	4,543,069	4,543,069	19,196,383	422.5%
2034	4,088,977	4,088,977	19,340,811	473.0%
2035	3,655,200	3,655,200	19,255,968	526.8%
2036	3,244,059	3,244,059	18,886,813	582.2%
2037	2,857,432	2,857,432	18,245,809	638.5%
2038	2,496,888	2,496,888	17,393,653	696.6%
2039	2,163,801	2,163,801	16,367,838	756.4%
2040	1,859,170	1,859,170	15,199,129	817.5%
2041	1,583,521	1,583,521	13,935,220	880.0%
2042	1,336,698	1,336,698	12,610,953	943.4%
2043	1,118,055	1,118,055	11,272,365	1008.2%
2044	926,594	926,594	9,944,047	1073.2%
2045	760,925	760,925	8,670,254	1139.4%
2046	619,298	619,298	7,489,747	1209.4%
2047+	2,033,106	2,033,106	31,428,788	1545.9%

Projection with 132.6% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,632,618	11,421,157	6,350,853	54.6%
2019	20,476,773	10,973,908	7,493,468	36.6%
2020	24,472,625	10,522,282	8,582,703	35.1%
2021	23,566,193	10,132,552	9,575,189	40.6%
2022	22,661,268	9,743,469	10,618,651	46.9%
2023	21,710,284	9,334,583	11,703,092	53.9%
2024	20,708,101	8,903,682	12,823,761	61.9%
2025	19,654,993	8,450,887	13,944,769	70.9%
2026	18,558,024	7,979,233	15,018,682	80.9%
2027	17,427,453	7,493,131	16,037,196	92.0%
2028	16,274,359	6,997,345	17,011,087	104.5%
2029	15,109,711	6,496,592	17,928,721	118.7%
2030	13,945,215	5,995,903	18,735,652	134.4%
2031	12,792,810	5,500,414	19,373,081	151.4%
2032	11,663,166	5,014,711	19,815,306	169.9%
2033	10,566,228	4,543,069	20,094,639	190.2%
2034	9,510,105	4,088,977	20,202,247	212.4%
2035	8,501,230	3,655,200	20,072,621	236.1%
2036	7,545,002	3,244,059	19,650,642	260.4%
2037	6,645,789	2,857,432	18,950,753	285.2%
2038	5,807,238	2,496,888	18,036,382	310.6%
2039	5,032,549	2,163,801	16,946,990	336.7%
2040	4,324,039	1,859,170	15,714,491	363.4%
2041	3,682,938	1,583,521	14,388,199	390.7%
2042	3,108,878	1,336,698	13,004,147	418.3%
2043	2,600,361	1,118,055	11,609,542	446.5%
2044	2,155,064	926,594	10,229,621	474.7%
2045	1,769,751	760,925	8,909,340	503.4%
2046	1,440,357	619,298	7,687,884	533.7%
2047+	4,728,578	2,033,106	32,115,179	679.2%

Best Estimate Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	187,525,109	39,841,557	21.2%	187,525,109	187,525,109	39,841,557	21.2%
Present Value of Future	112,285,349	112,285,349	236,780,860	210.9%	241,771,669	112,285,349	248,468,456	102.8%
Total Values	299,810,458	299,810,458	276,622,417	92.3%	429,296,778	299,810,458	288,310,013	67.2%

* Loss Ratio is a ratio of Incurred Claims to Earned Premium.

** Calendar Year projected incurred claims represent best estimate incurred claims.

Exhibit 9

Continental General Insurance Company

Policy Forms: L-6000 and LTC-020201

**Moderately Adverse Nationwide Experience Adjusted to Reflect Virginia Rate Increase History, Before and After Proposed Rate Increase
No Shock Lapse**

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio*
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,657,305	13,657,305	3,598,148	26.3%
2015	13,352,589	13,352,589	4,145,045	31.0%
2016	13,042,788	13,042,788	7,589,019	58.2%
2017	12,016,156	12,016,156	7,237,353	60.2%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,421,157	11,421,157	6,978,477	61.1%
2019	10,973,908	10,973,908	7,851,055	71.5%
2020	10,522,282	10,522,282	8,778,946	83.4%
2021	10,132,552	10,132,552	9,808,336	96.8%
2022	9,743,469	9,743,469	10,894,212	111.8%
2023	9,334,583	9,334,583	12,027,683	128.9%
2024	8,903,682	8,903,682	13,205,102	148.3%
2025	8,450,887	8,450,887	14,389,632	170.3%
2026	7,979,233	7,979,233	15,531,764	194.7%
2027	7,493,131	7,493,131	16,622,398	221.8%
2028	6,997,345	6,997,345	17,672,328	252.6%
2029	6,496,592	6,496,592	18,669,363	287.4%
2030	5,995,903	5,995,903	19,555,423	326.1%
2031	5,500,414	5,500,414	20,267,379	368.5%
2032	5,014,711	5,014,711	20,776,621	414.3%
2033	4,543,069	4,543,069	21,116,021	464.8%
2034	4,088,977	4,088,977	21,274,893	520.3%
2035	3,655,200	3,655,200	21,181,565	579.5%
2036	3,244,059	3,244,059	20,775,494	640.4%
2037	2,857,432	2,857,432	20,070,390	702.4%
2038	2,496,888	2,496,888	19,133,018	766.3%
2039	2,163,801	2,163,801	18,004,622	832.1%
2040	1,859,170	1,859,170	16,719,042	899.3%
2041	1,583,521	1,583,521	15,328,742	968.0%
2042	1,336,698	1,336,698	13,872,048	1037.8%
2043	1,118,055	1,118,055	12,399,602	1109.0%
2044	926,594	926,594	10,938,451	1180.5%
2045	760,925	760,925	9,537,280	1253.4%
2046	619,298	619,298	8,238,721	1330.3%
2047+	2,033,106	2,033,106	34,571,667	1700.4%

Projection with 132.6% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,632,618	11,421,157	6,985,938	60.1%
2019	20,476,773	10,973,908	8,242,814	40.3%
2020	24,472,625	10,522,282	9,440,973	38.6%
2021	23,566,193	10,132,552	10,532,707	44.7%
2022	22,661,268	9,743,469	11,680,516	51.5%
2023	21,710,284	9,334,583	12,873,402	59.3%
2024	20,708,101	8,903,682	14,106,138	68.1%
2025	19,654,993	8,450,887	15,339,246	78.0%
2026	18,558,024	7,979,233	16,520,550	89.0%
2027	17,427,453	7,493,131	17,640,915	101.2%
2028	16,274,359	6,997,345	18,712,196	115.0%
2029	15,109,711	6,496,592	19,721,593	130.5%
2030	13,945,215	5,995,903	20,609,218	147.8%
2031	12,792,810	5,500,414	21,310,389	166.6%
2032	11,663,166	5,014,711	21,796,837	186.9%
2033	10,566,228	4,543,069	22,104,103	209.2%
2034	9,510,105	4,088,977	22,222,471	233.7%
2035	8,501,230	3,655,200	22,079,883	259.7%
2036	7,545,002	3,244,059	21,615,706	286.5%
2037	6,645,789	2,857,432	20,845,829	313.7%
2038	5,807,238	2,496,888	19,840,020	341.6%
2039	5,032,549	2,163,801	18,641,689	370.4%
2040	4,324,039	1,859,170	17,285,940	399.8%
2041	3,682,938	1,583,521	15,827,018	429.7%
2042	3,108,878	1,336,698	14,304,562	460.1%
2043	2,600,361	1,118,055	12,770,496	491.1%
2044	2,155,064	926,594	11,252,583	522.1%
2045	1,769,751	760,925	9,800,275	553.8%
2046	1,440,357	619,298	8,456,672	587.1%
2047+	4,728,578	2,033,106	35,326,696	747.1%

Moderately Adverse Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	187,525,109	39,841,557	21.2%	187,525,109	187,525,109	39,841,557	21.2%
Present Value of Future	112,285,349	112,285,349	260,458,946	232.0%	241,771,669	112,285,349	273,315,301	113.0%
Total Values	299,810,458	299,810,458	300,300,503	100.2%	429,296,778	299,810,458	313,156,858	72.9%

'LLR'/85 Demonstration

1 Accumulated value of initial earned premium	\$	187,525,109	x 60.0% =	\$	112,515,065
2a Accumulated value of earned premium	\$	187,525,109			
2b Accumulated value of prior premium rate schedule increases	\$	-	x 85.0% =	\$	-
3 Present value of future projected initial earned premium	\$	112,285,349	x 60.0% =	\$	67,371,209
4a Present value of future projected premium	\$	241,771,669			
4b Present value of future projected premium in excess of the projected initial earned premiums	\$	129,486,320	x 85.0% =	\$	110,063,372
5 Lifetime Earned Premium times Prescribed Factor				\$	289,949,647
6 Moderately Adverse Lifetime Incurred Claims **				\$	313,156,858

* Loss Ratio is a ratio of Incurred Claims to Earned Premium.

** Calendar Year projected incurred claims represent best estimate incurred claims.

Exhibit 10
Continental General Insurance Company
Policy Forms: L-6000 and LTC-020201
Proposed Rate Increase Since Inception - Current Assumptions

Historical as of 12/31/2017				
Calendar Year	Original-Level Premium	Restated Since Inception	Incurred Claims	Loss Ratio
2003	84,445	196,420	0	0.0%
2004	656,053	1,525,980	2,853	0.2%
2005	1,705,147	3,966,173	38,747	1.0%
2006	4,037,630	9,391,528	192,833	2.1%
2007	7,656,261	17,808,463	282,166	1.6%
2008	11,152,279	25,940,201	1,177,931	4.5%
2009	13,597,969	31,628,876	1,218,941	3.9%
2010	14,739,451	34,283,963	1,377,067	4.0%
2011	14,348,762	33,375,221	2,292,118	6.9%
2012	14,161,935	32,940,660	2,310,861	7.0%
2013	13,964,720	32,481,938	3,057,810	9.4%
2014	13,657,305	31,766,892	3,598,148	11.3%
2015	13,352,589	31,058,121	4,145,045	13.3%
2016	13,042,788	30,337,525	7,589,019	25.0%
2017	12,016,156	27,949,578	7,237,353	25.9%

Projection without Rate Increase				
Calendar Year	Original-Level Premium	Restated Since Inception	Incurred Claims*	Loss Ratio
2018	11,421,157	26,565,612	6,904,042	26.0%
2019	10,973,908	25,525,309	7,763,945	30.4%
2020	10,522,282	24,474,829	8,670,596	35.4%
2021	10,132,552	23,568,315	9,668,435	41.0%
2022	9,743,469	22,663,309	10,716,409	47.3%
2023	9,334,583	21,712,239	11,804,885	54.4%
2024	8,903,682	20,709,965	12,929,012	62.4%
2025	8,450,887	19,656,763	14,052,070	71.5%
2026	7,979,233	18,559,695	15,126,431	81.5%
2027	7,493,131	17,429,022	16,144,289	92.6%
2028	6,997,345	16,275,825	17,117,088	105.2%
2029	6,496,592	15,111,072	18,033,304	119.3%
2030	5,995,903	13,946,470	18,837,989	135.1%
2031	5,500,414	12,793,962	19,471,927	152.2%
2032	5,014,711	11,664,217	19,909,828	170.7%
2033	4,543,069	10,567,180	20,184,204	191.0%
2034	4,088,977	9,510,962	20,286,710	213.3%
2035	3,655,200	8,501,996	20,151,510	237.0%
2036	3,244,059	7,545,682	19,723,566	261.4%
2037	2,857,432	6,646,387	19,017,387	286.1%
2038	2,496,888	5,807,761	18,096,520	311.6%
2039	2,163,801	5,033,002	17,000,760	337.8%
2040	1,859,170	4,324,429	15,761,920	364.5%
2041	1,583,521	3,683,270	14,429,640	391.8%
2042	1,336,698	3,109,158	13,039,802	419.4%
2043	1,118,055	2,600,595	11,639,791	447.6%
2044	926,594	2,155,258	10,254,918	475.8%
2045	760,925	1,769,910	8,930,273	504.6%
2046	619,298	1,440,486	7,705,017	534.9%
2047+	2,033,106	4,729,004	32,171,452	680.3%

Best Estimate Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	436,183,403	39,841,557	9.1%
Present Value of Future	112,285,349	261,175,721	250,544,943	95.9%
Total Values	299,810,458	697,359,125	290,386,499	41.6%

Moderately Adverse Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	436,183,403	39,841,557	9.1%
Present Value of Future	112,285,349	261,175,721	275,599,437	105.5%
Total Values	299,810,458	697,359,125	315,440,994	45.2%

March 11, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 02/11/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Thank you for making a separate entry on the Forms Schedule for forms CGI(LOY) – RINC(VA)(0120)-BR and CGI(LOY) – RINC(VA)(0120)-CNFO. However they are also still attached to the Notification Letter. Please remove them from the letter, as they cannot be submitted for approval twice.*

The forms **CGI(LOY) – RINC(VA)(0120)-BR** and **CGI(LOY) – RINC(VA)(0120)-CNFO** have been removed from the Notification Letter in the Form Schedule tab.

2. *Please provide all projections necessary to evaluate the requests based on both the "Prospective Present Value Approach" (or Texas Method) and the "If-Knew/Makeup Blend" approach (or Minnesota Method).*

Please see the attached **Exhibit 12** original premium projected using original assumptions and current assumptions. Virginia has not approved a rate increase on these forms, therefore the original premium is equal to nationwide premium restated to Virginia rate level.

For historical premium, please refer to Exhibit 8 and Exhibit 11, submitted in the response to the objection dated 02/05/2020.

Please note, the **Exhibit 11** submitted on 03/05/2020 in response to the objection dated 02/05/2020 contained incorrect headers. The data contained in the exhibit is not changed but is labels have been corrected. Please see the updated exhibit attached.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Madison P. Nahrup', with a stylized flourish at the end.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Exhibit 11
Continental General Insurance Company
Policy Forms: LTC-020201, L-6000
Nationwide

Historical and Projected Future Experience Under Original Pricing Assumptions

Historical as of 12/31/2017

Original-Level				
Calendar Year	Earned Premium	Premium	Incurred Claims	Loss Ratio
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,917,264	13,657,305	3,601,125	25.9%
2015	13,885,091	13,352,589	4,150,445	29.9%
2016	13,854,425	13,042,788	7,598,852	54.8%
2017	14,782,453	12,016,156	7,252,399	49.1%

Projection without Rate Increase

Original-Level				
Calendar Year	Earned Premium	Premium	Incurred Claims	Loss Ratio
2018	15,282,818	11,274,352	6,771,256	44.3%
2019	14,677,481	10,497,743	7,332,117	50.0%
2020	13,894,488	9,738,089	7,911,154	56.9%
2021	12,972,007	9,061,081	8,560,426	66.0%
2022	12,047,507	8,414,081	9,242,118	76.7%
2023	11,147,695	7,784,529	9,933,421	89.1%
2024	10,275,191	7,174,217	10,617,464	103.3%
2025	9,432,558	6,584,935	11,266,828	119.4%
2026	8,622,243	6,018,387	11,869,517	137.7%
2027	7,846,527	5,476,158	12,399,091	158.0%
2028	7,107,488	4,959,691	12,834,625	180.6%
2029	6,406,932	4,470,236	13,159,305	205.4%
2030	5,746,330	4,008,806	13,367,731	232.6%
2031	5,126,778	3,576,152	13,460,331	262.5%
2032	4,548,967	3,172,743	13,446,190	295.6%
2033	4,013,180	2,798,759	13,329,193	332.1%
2034	3,519,331	2,454,125	13,108,718	372.5%
2035	3,066,943	2,138,494	12,775,347	416.5%
2036	2,655,209	1,851,286	12,325,675	464.2%
2037	2,282,929	1,591,649	11,768,444	515.5%
2038	1,948,653	1,358,559	11,119,009	570.6%
2039	1,650,691	1,150,824	10,390,985	629.5%
2040	1,387,156	967,116	9,599,172	692.0%
2041	1,155,991	805,991	8,760,018	757.8%
2042	954,991	665,903	7,893,170	826.5%
2043	781,827	545,222	7,024,116	898.4%
2044	634,107	442,275	6,170,677	973.1%
2045	509,416	355,375	5,347,915	1049.8%
2046	405,307	282,815	4,573,547	1128.4%
2047+	1,211,359	846,534	17,375,505	1434.4%

Loss Ratio Summaries at 12/31/2017

Accumulated Value of Historical	192,099,099	187,525,109	39,876,762	20.8%
Present Value of Future	127,330,088	89,745,797	180,857,977	142.0%
Total Values	319,429,187	277,270,906	220,734,740	69.1%
(Discounted at 4.13%)				

Exhibit 12
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Premium Paying Policies Only
Earned Premium Restated to Virginia Rate Level
Policy Forms: L-6000, LTC-020201

Calendar Year	Original Assumptions			Current Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio
2018	11,274,352	6,771,256	60%	11,421,157	6,344,070	56%
2019	10,497,743	7,332,117	70%	10,973,908	7,137,323	65%
2020	9,738,089	7,911,154	81%	10,522,282	7,980,860	76%
2021	9,061,081	8,560,426	94%	10,132,552	8,916,669	88%
2022	8,414,081	9,242,118	110%	9,743,469	9,903,829	102%
2023	7,784,529	9,933,421	128%	9,334,583	10,934,258	117%
2024	7,174,217	10,617,464	148%	8,903,682	12,004,638	135%
2025	6,584,935	11,266,828	171%	8,450,887	13,081,483	155%
2026	6,018,387	11,869,517	197%	7,979,233	14,119,785	177%
2027	5,476,158	12,399,091	226%	7,493,131	15,111,271	202%
2028	4,959,691	12,834,625	259%	6,997,345	16,065,752	230%
2029	4,470,236	13,159,305	294%	6,496,592	16,972,148	261%
2030	4,008,806	13,367,731	333%	5,995,903	17,777,657	296%
2031	3,576,152	13,460,331	376%	5,500,414	18,424,890	335%
2032	3,172,743	13,446,190	424%	5,014,711	18,887,837	377%
2033	2,798,759	13,329,193	476%	4,543,069	19,196,383	423%
2034	2,454,125	13,108,718	534%	4,088,977	19,340,811	473%
2035	2,138,494	12,775,347	597%	3,655,200	19,255,968	527%
2036	1,851,286	12,325,675	666%	3,244,059	18,886,813	582%
2037	1,591,649	11,768,444	739%	2,857,432	18,245,809	639%
2038	1,358,559	11,119,009	818%	2,496,888	17,393,653	697%
2039	1,150,824	10,390,985	903%	2,163,801	16,367,838	756%
2040	967,116	9,599,172	993%	1,859,170	15,199,129	818%
2041	805,991	8,760,018	1087%	1,583,521	13,935,220	880%
2042	665,903	7,893,170	1185%	1,336,698	12,610,953	943%
2043	545,222	7,024,116	1288%	1,118,055	11,272,365	1008%
2044	442,275	6,170,677	1395%	926,594	9,944,047	1073%
2045	355,375	5,347,915	1505%	760,925	8,670,254	1139%
2046	282,815	4,573,547	1617%	619,298	7,489,747	1209%
2047	222,915	3,859,487	1731%	499,605	6,410,856	1283%
2048	174,054	3,214,504	1847%	399,590	5,436,710	1361%
2049	134,680	2,643,151	1963%	316,972	4,562,195	1439%
2050	103,336	2,147,138	2078%	249,510	3,793,137	1520%
2051	78,682	1,726,987	2195%	195,037	3,136,462	1608%
2052	59,521	1,376,917	2313%	151,505	2,579,486	1703%
2053	44,788	1,090,295	2434%	117,057	2,112,275	1804%
2054	33,573	858,594	2557%	90,038	1,720,878	1911%
2055	25,120	674,296	2684%	69,027	1,400,829	2029%
2056	18,780	529,873	2822%	52,803	1,141,218	2161%
2057	14,045	416,898	2968%	40,343	930,797	2307%
2058	10,515	328,448	3124%	30,808	755,660	2453%
2059	7,892	259,144	3284%	23,529	610,317	2594%
2060	5,932	205,051	3457%	17,976	491,547	2734%
2061	4,464	162,762	3646%	13,736	396,962	2890%
2062	3,360	129,240	3846%	10,495	320,270	3052%
2063	2,531	102,385	4045%	8,012	256,375	3200%
2064	1,903	80,681	4239%	6,106	203,421	3331%
2065	1,430	63,376	4432%	4,642	160,260	3452%
2066	1,073	49,496	4614%	3,518	125,612	3570%
2067	803	38,228	4760%	2,657	97,931	3686%
2068	601	29,068	4838%	1,998	75,259	3766%
2069	449	21,788	4853%	1,497	57,131	3816%
2070	335	16,119	4807%	1,117	42,846	3837%
2071	250	11,751	4694%	829	31,817	3836%
2072	187	8,486	4541%	613	23,372	3811%
2073	139	6,017	4317%	451	16,699	3699%
2074	104	4,217	4071%	331	11,571	3499%
2075	77	2,943	3835%	241	7,745	3216%
2076	56	2,043	3635%	174	4,964	2845%
2077	41	1,429	3498%	126	3,075	2448%
2078	29	987	3384%	90	1,967	2190%
2079	20	666	3269%	64	1,321	2074%
2080	14	442	3185%	45	892	1998%
2081	9	297	3243%	31	601	1948%
2082	6	190	3269%	21	399	1905%
2083	4	116	3275%	14	260	1874%
2084	2	66	3258%	9	166	1858%
2085	1	35	3248%	6	102	1850%
2086	1	17	3219%	3	60	1844%
2087	0	7	3186%	2	33	1840%
2088	0	3	3066%	1	17	1835%
2089	0	1	2834%	0	8	1831%

Loss Ratio Summaries as of 12/31/2017 (Discounted at 4.13%)

Projected	89,745,797	180,857,977	202%	112,285,349	236,780,860	211%
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March 24, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 03/18/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

- 1. Exhibit 11 does not provide the information that was requested. The information appears to have used actual historical experience and projected future experience. Instead, it should project on a calendar year basis the actual cohort of policies sold as if mortality, lapses and morbidity played out exactly as originally assumed at time of pricing. In other words, what would have been projected at the time of original pricing if the company had known exactly what policies would be sold.*

Please see the attached **Exhibit 13**, containing duration 1 premium, projected using original assumptions and claims from original expected loss ratios. This is representing the initial premiums as sold, projected using original assumptions.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Exhibit 13
Continental General Insurance Company
Policy Forms: LTC-020201, L-6000
Nationwide
Duration 1 Premium Runout with Original Assumptions

Year	Expected Premium	Expected Claims	Expected Loss Ratio
1999	0	0	0.0%
2000	0	0	0.0%
2001	0	0	0.0%
2002	0	0	0.0%
2003	84,445	5,334	6.3%
2004	658,615	45,246	6.9%
2005	1,695,103	139,148	8.2%
2006	4,005,746	358,970	9.0%
2007	7,477,013	756,455	10.1%
2008	10,555,477	1,286,691	12.2%
2009	12,420,681	1,887,680	15.2%
2010	12,825,131	2,488,355	19.4%
2011	11,670,533	3,010,878	25.8%
2012	10,657,511	3,469,816	32.6%
2013	9,728,622	3,852,426	39.6%
2014	8,823,243	4,199,854	47.6%
2015	7,931,600	4,539,962	57.2%
2016	6,996,557	4,861,770	69.5%
2017	6,026,587	5,151,365	85.5%
2018	5,133,421	5,361,523	104.4%
2019	4,375,378	5,489,511	125.5%
2020	3,769,349	5,574,618	147.9%
2021	3,323,818	5,624,531	169.2%
2022	2,914,008	5,640,882	193.6%
2023	2,539,655	5,606,686	220.8%
2024	2,200,185	5,522,681	251.0%
2025	1,894,562	5,395,338	284.8%
2026	1,621,389	5,236,914	323.0%
2027	1,379,000	5,053,905	366.5%
2028	1,165,498	4,832,104	414.6%
2029	978,774	4,574,636	467.4%
2030	816,565	4,289,516	525.3%
2031	676,575	3,988,636	589.5%
2032	556,562	3,683,047	661.7%
2033	454,386	3,364,409	740.4%
2034	368,007	3,036,708	825.2%
2035	295,501	2,708,311	916.5%
2036	235,094	2,388,251	1015.9%
2037	185,187	2,085,668	1126.2%
2038	144,344	1,796,940	1244.9%
2039	111,263	1,524,981	1370.6%
2040	84,756	1,274,550	1503.8%
2041	63,756	1,049,657	1646.4%
2042	47,321	854,053	1804.8%
2043	34,630	684,170	1975.6%
2044	24,972	538,572	2156.7%
2045	17,730	416,287	2347.9%
2046	12,384	315,788	2550.0%
2047+	22,655	713,170	3147.9%

Present Values			
Historical	131,424,391	32,706,534	24.9%
Projected Future	28,645,430	68,190,665	238.1%
Lifetime Anticipated (Discounted at 4.13%)	160,069,821	100,897,200	63.0%

April 9, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 04/08/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Please provide the following data items:*
 - a. *the total number of nationwide policies originally issued, and*
 - b. *the number of policies remaining in active, premium-paying status.*

Please see the tables below outlining the number of lives ever issued on this policy block, along with policies inforce as of 12/31/2017, which is the valuation date of this filing. The nationwide counts in both tables are excluding Florida.

Ever Issued	# of Lives
Nationwide	12,621

As of 12/31/2017	Premium-Paying
Nationwide	8,300
Virginia	19

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Text readability report generated on 2020-01-03 05:03.

Readability Grade Levels	
Flesch-Kincaid Grade Level	7.5
Gunning Fog Index	9.6
Coleman-Liau Index	9.2
SMOG Index	11.4
Automated Readability Index	5.7
FORCAST Grade Level	11.8
Powers Sumner Kearsley Grade	5.3
Rix Readability	6
Raygor Readability	n/a
Fry Readability	n/a

ReadablePro Rating	
A	
Readability Scores	
Flesch Reading Ease	57.1
CEFR Level	A1
IELTS Level	0-2
Spache Score	2.9
New Dale-Chall Score	6.1
Lix Readability	34
Lensear Write	88.8

Text Quality		
Spelling Issues	34	2%
Grammar Issues	48	25%
Sentences > 30 Syllables	22	12%
Sentences > 20 Syllables	51	27%
Words > 4 Syllables	12	1%
Words > 12 Letters	14	1%

Writing Style		
Passive Voice Count	23	3%
Adverb Count	22	1%
Cliché Count	0	0%
Profanity Count	21	1%
Lazy Words Count	52	3%

- Text aimed at a general public audience should be around grade 8 to 10.

June 19, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 06/17/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Please move the Readability report to Supporting Documentation, as it is not subject to approval.*

The Readability report has been moved to the Supporting Documentation tab.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Cameron J. Zima", is written over a horizontal line.

Cameron J. Zima
Senior Actuarial Analyst II
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

July 22, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 07/22/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Please provide current contact information as the current email address and phone number do not work.*

The Company apologize for the inconvenience as SERFF does not allow the Companies and Contact tab to be updated while the filing is still open. Please feel free to reach me by email at madison.nahrup@continental-ins.com or by phone at 904-248-9978.

Thank you for reviewing the information provided herein.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Continental General Insurance Company

P.O. Box 203098
Austin, TX 78720-3098

SCIRIVAMFI3BR4

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

February 26, 2098

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: AYXXXXXXXX

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of May 15, 2098.

Current Monthly Premium	New Monthly Premium	Rate Increase Percentage
\$9,999.99	\$9,999.99	99%

The Company reserves the right to request a future rate increase as per the policy. In the event of a future rate increase, which must first be approved by the Virginia Bureau of Insurance, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**
Your premium change will automatically occur on May 15, 2098 with no

changes to your coverage. No action is needed from you.

2. Lower your premium by choosing to lower your coverage limits

This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at 866-830-0607. If you would like to choose one of the provided options regarding your Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period, please return the completed form back to Us in the envelope provided.

3. Stop paying premiums by choosing the Contingent Nonforfeiture benefit

This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to Us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call Us toll-free at 866-830-0607, and our Client Services Department can help.

Sincerely,
W. Travis Simpson
Senior Vice President and Chief Operating Officer

Enclosures - Frequently Asked Questions, Benefit Reduction Form, Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date May 15, 2098, unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.**

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until September 12, 2098, the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call us toll-free at 866-830-0607, and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at 866-830-0607. Our Client Services Department can help.

Your premium will increase to \$9,999.99 on May 15, 2098. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** You can choose more than one option. Sign and date at the bottom of the form and return this page to Us in the envelope provided.

☐ **Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit**

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	\$999,999
Reduced Maximum Lifetime Benefit	\$999,999
Premium After Reducing Benefit	\$9,999.99

☐ **Benefit Reduction Option 2 – Lower Your Maximum Daily Benefit**

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	\$999.99
Reduced Long-Term Care Daily Benefit	\$999.99
Original Home Health/Home and Community Care Daily Benefit	\$999.99
Reduced Home Health/Home and Community Care Daily Benefit	\$999.99
Premium After Reducing Benefit	\$9,999.99

☐ **Benefit Reduction Option 3 – Increase Your Elimination Period**

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	99 Days
Increased Elimination Period	99 Days
Premium After Increasing Elimination Period	\$9,999.99

By signing below, I am authorizing Continental General Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature:_____

Date:_____

Policy No.
AYXXXXXXXXX

Policy Holder Name: John Doe

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:

If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.
2. Lapse your policy between now and September 12, 2098. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call Us toll-free at 866-830-0607, and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. AYXXXXXXXXX Policy Holder Name: John Doe

Date: _____

Exhibit 14
Continental General Insurance Company
Nationwide Experience (Excluding Florida)
Premium Paying Policies Only
Projection on Original Rate Level
Policy Forms: L-6000, LTC-020201

Calendar Year	Original Assumptions			Current Assumptions		
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium*	Incurred Claims**	Loss Ratio
Oct - Dec 2019	2,670,367	1,927,624	72.2%	2,699,414	1,953,672	72.4%
2020	10,252,081	8,087,873	78.9%	10,579,498	8,501,981	80.4%
2021	9,554,710	8,764,877	91.7%	9,881,044	9,270,658	93.8%
2022	8,872,412	9,462,935	106.7%	8,725,794	9,681,674	111.0%
2023	8,208,351	10,170,360	123.9%	8,344,379	10,610,945	127.2%
2024	7,564,457	10,869,922	143.7%	7,977,911	11,569,198	145.0%
2025	6,942,656	11,533,319	166.1%	7,590,712	12,507,062	164.8%
2026	6,344,775	12,150,321	191.5%	7,184,844	13,400,761	186.5%
2027	5,772,509	12,693,166	219.9%	6,763,851	14,244,420	210.6%
2028	5,227,399	13,137,925	251.3%	6,331,540	15,029,651	237.4%
2029	4,710,781	13,468,406	285.9%	5,891,954	15,733,562	267.0%
2030	4,223,744	13,679,060	323.9%	5,449,466	16,320,127	299.5%
2031	3,767,094	13,771,725	365.6%	5,008,796	16,760,466	334.6%
2032	3,341,330	13,754,991	411.7%	4,574,241	17,032,298	372.4%
2033	2,946,647	13,631,700	462.6%	4,149,929	17,123,932	412.6%
2034	2,582,965	13,400,820	518.8%	3,739,372	17,034,383	455.5%
2035	2,249,918	13,054,424	580.2%	3,345,524	16,754,721	500.8%
2036	1,946,885	12,589,296	646.6%	2,970,864	16,280,853	548.0%
2037	1,672,979	12,014,442	718.1%	2,617,431	15,614,596	596.6%
2038	1,427,120	11,344,738	794.9%	2,286,983	14,784,946	646.5%
2039	1,208,045	10,593,909	876.9%	1,981,058	13,829,773	698.1%
2040	1,014,361	9,778,436	964.0%	1,700,985	12,773,209	750.9%
2041	844,542	8,915,195	1055.6%	1,447,557	11,639,467	804.1%
2042	696,955	8,024,821	1151.4%	1,220,827	10,460,312	856.8%
2043	569,879	7,133,076	1251.7%	1,020,156	9,278,278	909.5%
2044	461,550	6,257,905	1355.8%	844,619	8,128,134	962.3%
2045	370,181	5,415,718	1463.0%	693,000	7,042,657	1016.3%
2046	293,967	4,624,228	1573.0%	563,699	6,042,093	1071.9%
2047	231,125	3,895,725	1685.5%	454,737	5,135,706	1129.4%
2048	179,943	3,238,856	1799.9%	363,962	4,332,889	1190.5%
2049	138,772	2,657,809	1915.2%	289,148	3,628,771	1255.0%
2050	106,066	2,154,454	2031.2%	228,188	3,022,086	1324.4%
2051	80,412	1,728,936	2150.1%	179,057	2,506,694	1399.9%
2052	60,536	1,375,355	2272.0%	139,827	2,072,014	1481.8%
2053	45,311	1,086,660	2398.2%	108,752	1,708,314	1570.8%
2054	33,776	854,081	2528.7%	84,307	1,404,776	1666.3%
2055	25,126	669,753	2665.6%	65,186	1,154,403	1770.9%
2056	18,677	525,671	2814.5%	50,298	946,451	1881.7%
2057	13,894	413,271	2974.6%	38,744	773,776	1997.1%
2058	10,350	325,418	3144.0%	29,799	630,331	2115.2%
2059	7,737	256,841	3319.7%	22,887	511,186	2233.5%
2060	5,795	203,263	3507.0%	17,551	413,456	2355.8%
2061	4,351	161,332	3708.2%	13,430	333,366	2482.3%
2062	3,269	128,011	3916.1%	10,248	267,233	2607.6%
2063	2,459	101,282	4119.7%	7,798	212,293	2722.2%
2064	1,847	79,773	4319.9%	5,916	167,305	2828.0%
2065	1,386	62,586	4516.1%	4,472	130,584	2920.0%
2066	1,038	48,806	4701.1%	3,368	101,641	3018.1%
2067	776	37,632	4848.6%	2,526	78,471	3106.2%
2068	580	28,575	4929.1%	1,889	60,069	3179.7%
2069	433	21,432	4955.1%	1,410	45,657	3238.5%
2070	323	15,883	4924.8%	1,050	34,391	3275.1%
2071	240	11,611	4828.9%	781	25,719	3293.8%
2072	179	8,429	4699.4%	579	19,113	3299.2%
2073	134	6,012	4499.0%	429	14,004	3263.6%
2074	99	4,248	4275.8%	318	10,190	3206.9%
2075	74	2,991	4063.3%	235	7,331	3125.5%
2076	54	2,098	3887.7%	172	5,232	3037.5%
2077	39	1,480	3772.4%	126	3,698	2943.6%
2078	28	1,029	3673.3%	91	2,580	2835.2%
2079	20	698	3565.9%	-	-	0.0%
2080	13	465	3486.8%	-	-	0.0%
2081	9	315	3568.0%	-	-	0.0%
2082	6	200	3581.8%	-	-	0.0%
2083	3	122	3586.5%	-	-	0.0%
2084	2	69	3562.2%	-	-	0.0%
2085	1	37	3548.1%	-	-	0.0%
2086	1	18	3511.5%	-	-	0.0%
2087	0	8	3469.9%	-	-	0.0%
2088	0	3	3326.7%	-	-	0.0%
2089	0	1	3063.5%	-	-	0.0%
2090	(0)	(0)	4589.5%	-	-	0.0%

Loss Ratio Summaries as of 09/30/2019 (Discounted at 4.13%)

Projected	80,478,953	185,391,431	230.4%	92,439,960	219,835,880	237.8%
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Prospective PV Rate Increase Calculation		
1. Δ PV(Future Incurred Claims)***		56,428,036
2. Δ PV(Future Earned Premium)		11,961,007
3. $PV_{Current}$ (Future Earned Premium)		92,439,960
4. Rate Increase %	$\frac{\Delta \text{ PV(Future Incurred Claims)} - 58\% * \Delta \text{ PV(Future Earned Premium)}}{85\% * PV_{Current}(\text{Future Earned Premium})}$	63%
5. State- Specific cumulative percent rate increase to date		0%
6. State- Specific Adjusted Rate Increase		62%

*Includes Shock Lapse

**Includes Shock Lapse and Proposed RINC for Survivorship and WOP

***Current Assumptions Experience Contains MAE and Includes Shock Lapse and Proposed RINC for Survivorship and WOP

Statement of Variability
Continental General Insurance Company
CGI(LOY) – RINC(VA)(0120)

The following items are indicated as variable items in form CGI(LOY) – RINC(VA)(0120).

Page	Variable Items	Justification
Page 1	<p>[Template ID]</p> <p>[P.O. Box 203098 Austin, TX 78720-3098]</p> <p>[Today's Date]</p> <p>[Name]</p>	<p>This is a field that is used internally to determine which of the bracketed wording variations below are included in the letter for each policyholder. This template id will be of the format [SCI]RI[PA][VA][M]FI[2]BR[4][A], where the bracketed pieces included will vary based on the rate increase approval and which (if any) benefit reductions will be included in the letter for the policyholder.</p> <p>The Company address is stated as variable in case of a change in the future.</p> <p>The letters are printed at different times based on the effective date of the policyholder's rate increase. The date the letter is printed will determine the date that is used here.</p> <p>The first name and last name at the beginning of the letter are the name of the policyholder to whom the letter is being mailed.</p>

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p> <p>[1]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>There are different methods that a rate increase can be implemented. This statement will be used if the approval we receive from the state is to be implemented in multiple phases.</p> <p>The page number is bracketed due to potential variance.</p>
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<p>Page 2</p>	<p>[2. Lower your premium by choosing to lower your coverage limits This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p> <p>[2]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder's Benefit Reduction Form.</p> <p>This is bracketed because the numbering will reflect "2." in cases where the bracketed benefit reduction option is excluded from the letter based on the policyholder's benefits.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(LOY) – RINC(VA)(0120)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p> <p>The page number is bracketed due to potential variance.</p>
<p>Page 3</p>	<p>[Rate Increase Effective Date]</p> <p>[Rate Increase Effective Date + 120 Days]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p>

Page 3, continued	[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx] [866-830-0607] [3]	<p>This field is variable in the event of a future change.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>The page number is bracketed due to potential variance.</p>
Page 4	[4]	<p>The page number is bracketed due to potential variance.</p>

Statement of Variability
Continental General Insurance Company
CGI(LOY) – RINC(VA)(0120)-BR

The following items are indicated as variable items in form CGI(LOY) – RINC(VA)(0120)-BR. Note that member-specific information in this notice such as benefit reduction options, associated benefit levels and premium quotes may vary between policy issues. This form will only be included with the rate increase notice for policyholders who have benefits that can be reduced in order to lower their premium.

Page	Variable Items	Justification
Page 5	[866-830-0607] [5]	This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information. The page number is bracketed due to potential variance.
Page 6	[\$X,XXX.XX] [Rate Increase Effective Date] [You can choose more than one option.]	This field will reflect the new modal premium for the policyholder. This field under the benefit reduction options will reflect the new modal premium for the policyholder if the benefit reduction is elected. The date used here will vary based on the policyholder's premium payment dates. This sentence will only be included when there are

Statement of Variability
Continental General Insurance Company
CGI(LOY) – RINC(VA)(0120)-CNFO

The following items are indicated as variable items in form CGI(LOY) – RINC(VA)(0120)-CNFO.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[7]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>The page number will change to 5 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>

August 7, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 07/10/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

Per the Company's phone discussion with Mr. Toone on 7/23/2020, the Company agreed to include support for a 62% rate increase based on the PPV method. Please see **Exhibit 14**, showing support for a 62% rate increase based off original to current assumptions. Exhibit 14 contains nationwide experience for premium-paying policies, restated to the original rate level, using original assumptions and current moderately adverse assumptions. Given approval, the Company would be willing to certify these rates.

1. *Please revise the SOV by removing the entry about Loyal American Life as that has already been removed from the letter.*

Please see the revised SOVs attached on the Supporting Documentation tab.

2. *Please remove the references to Great American and Loyal American in the address at the bottom of page 1.*

These references have been removed from page 1.

3. *The section under "What Options You Have" is confusing. The available options seem to be numbered 1, 3, and 4, with a 2 in the middle of the option number 1.*

The numbering issue has been resolved.

4. *The Bureau of Insurance's website has changed. The new website is attached.*

The Bureau of Insurance's website has been updated to the provided link.

5. *In compliance with 14VAC5-200-75 A 2, provide an explanation of a policyholder's options in the event of further rate increases.*

This statement has been added under the Frequently Asked Questions section.

6. *Please provide a statement that an insured has the right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.*

This statement has been added under the Frequently Asked Questions section.

7. *As required in 14VAC5-200-75 D 2(b), provide a disclosure to the insured that all options may not be of equal value. As a disclosure, this statement should be emphasized by either bolding, highlight, larger print, etc.*

The requested statement has been added under both the Frequently Asked Questions and the Benefit Reduction Form.

8. *In the case of a partnership policy, please provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.*

There are no partnership policies on these policy forms.

9. *Pursuant to 14VAC5-200-75 D, please verify that an insured will receive notice of a premium increase at least 75 days prior to the implementation of the increase.*

Insureds will receive notice of a premium increase at least 75 days prior to the implementation of the increase.

10. *Please submit a copy of each form, in its final form, completed in a "John Doe" manner, to show how the form will be used.*

A "John Doe" version is attached on the Supporting Documentation tab. This version has been provided as a combined letter including the 3 forms as this is how it would be mailed to the policyholder.

11. *In compliance with 14VAC5-101-80 A, all variable information should be clear, easily understood, and fully explained in the Statement of Variability. Please revise the SOV to include a description of all variable information; to include names, addresses, policy numbers, dates, etc.*

Please see the revised SOVs attached on the Supporting Documentation tab.

12. *Since the Contingent Nonforfeiture form is designed to be returned to the company, please provide a description of the Contingent Nonforfeiture Benefit with number 4 under What Options You Have.*

There is a description of the Contingent Nonforfeiture Benefit under number 3 under What Options You Have as well as under the "If I choose not to pay future premiums, what happens to my coverage?" section of the Frequently Asked Questions.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Nahrup', is written over a horizontal line.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Exhibit 4 - Revised
Continental General Insurance Company
Policy Forms: L-6000 and LTC-020201
Best Estimate Nationwide Experience Adjusted to Reflect Virginia Rate Increase History, Before and After Proposed Rate Increase

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio*
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,657,305	13,657,305	3,598,148	26.3%
2015	13,352,589	13,352,589	4,145,045	31.0%
2016	13,042,788	13,042,788	7,589,019	58.2%
2017	12,016,156	12,016,156	7,237,353	60.2%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,421,157	11,421,157	6,344,070	55.5%
2019	10,973,908	10,973,908	7,137,323	65.0%
2020	10,522,282	10,522,282	7,980,860	75.8%
2021	10,132,552	10,132,552	8,916,669	88.0%
2022	9,743,469	9,743,469	9,903,829	101.6%
2023	9,334,583	9,334,583	10,934,258	117.1%
2024	8,903,682	8,903,682	12,004,638	134.8%
2025	8,450,887	8,450,887	13,081,483	154.8%
2026	7,979,233	7,979,233	14,119,785	177.0%
2027	7,493,131	7,493,131	15,111,271	201.7%
2028	6,997,345	6,997,345	16,065,752	229.6%
2029	6,496,592	6,496,592	16,972,148	261.2%
2030	5,995,903	5,995,903	17,777,657	296.5%
2031	5,500,414	5,500,414	18,424,890	335.0%
2032	5,014,711	5,014,711	18,887,837	376.6%
2033	4,543,069	4,543,069	19,196,383	422.5%
2034	4,088,977	4,088,977	19,340,811	473.0%
2035	3,655,200	3,655,200	19,255,968	526.8%
2036	3,244,059	3,244,059	18,886,813	582.2%
2037	2,857,432	2,857,432	18,245,809	638.5%
2038	2,496,888	2,496,888	17,393,653	696.6%
2039	2,163,801	2,163,801	16,367,838	756.4%
2040	1,859,170	1,859,170	15,199,129	817.5%
2041	1,583,521	1,583,521	13,935,220	880.0%
2042	1,336,698	1,336,698	12,610,953	943.4%
2043	1,118,055	1,118,055	11,272,365	1008.2%
2044	926,594	926,594	9,944,047	1073.2%
2045	760,925	760,925	8,670,254	1139.4%
2046	619,298	619,298	7,489,747	1209.4%
2047+	2,033,106	2,033,106	31,428,788	1545.9%

Projection with 62.0% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,486,245	11,387,647	6,335,486	55.2%
2019	13,898,904	9,892,754	6,753,322	48.6%
2020	14,816,219	9,145,814	7,350,777	49.6%
2021	14,267,447	8,807,066	8,212,258	57.6%
2022	13,719,587	8,468,881	9,120,492	66.5%
2023	13,143,842	8,113,483	10,067,656	76.6%
2024	12,537,100	7,738,951	11,050,309	88.1%
2025	11,899,528	7,345,387	12,037,613	101.2%
2026	11,235,401	6,935,433	12,988,376	115.6%
2027	10,550,930	6,512,920	13,895,169	131.7%
2028	9,852,824	6,081,990	14,767,148	149.9%
2029	9,147,723	5,646,743	15,593,950	170.5%
2030	8,442,713	5,211,551	16,315,761	193.3%
2031	7,745,024	4,780,879	16,891,213	218.1%
2032	7,061,115	4,358,713	17,297,166	245.0%
2033	6,397,007	3,948,770	17,561,387	274.5%
2034	5,757,609	3,554,079	17,675,566	307.0%
2035	5,146,816	3,177,047	17,581,164	341.6%
2036	4,567,896	2,819,689	17,228,846	377.2%
2037	4,023,494	2,483,638	16,630,577	413.3%
2038	3,515,819	2,170,258	15,841,833	450.6%
2039	3,046,806	1,880,745	14,897,015	488.9%
2040	2,617,860	1,615,963	13,824,127	528.1%
2041	2,229,725	1,376,373	12,666,562	568.1%
2042	1,882,178	1,161,838	11,455,995	608.7%
2043	1,574,311	971,797	10,234,143	650.1%
2044	1,304,719	805,382	9,023,295	691.6%
2045	1,071,443	661,384	7,863,384	733.9%
2046	872,021	538,285	6,789,294	778.6%
2047+	2,862,776	1,767,146	28,430,140	993.1%

Best Estimate Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	187,525,109	39,841,557	21.2%	187,525,109	187,525,109	39,841,557	21.2%
Present Value of Future	112,285,349	112,285,349	236,780,860	210.9%	152,141,434	99,361,592	217,466,222	142.9%
Total Values	299,810,458	299,810,458	276,622,417	92.3%	339,666,543	286,886,701	257,307,779	75.8%

* Loss Ratio is a ratio of Incurred Claims to Earned Premium.

** Calendar Year projected incurred claims represent best estimate incurred claims.

Exhibit 5 - Revised
Continental General Insurance Company
Policy Forms: L-6000 and LTC-020201
Moderately Adverse Nationwide Experience Adjusted to Reflect Virginia Rate Increase History, Before and After Proposed Rate Increase

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio*
2003	84,445	84,445	0	0.0%
2004	656,053	656,053	2,853	0.4%
2005	1,705,147	1,705,147	38,747	2.3%
2006	4,037,630	4,037,630	192,833	4.8%
2007	7,656,261	7,656,261	282,166	3.7%
2008	11,152,279	11,152,279	1,177,931	10.6%
2009	13,597,969	13,597,969	1,218,941	9.0%
2010	14,739,451	14,739,451	1,377,067	9.3%
2011	14,348,762	14,348,762	2,292,118	16.0%
2012	14,161,935	14,161,935	2,310,861	16.3%
2013	13,964,720	13,964,720	3,057,810	21.9%
2014	13,657,305	13,657,305	3,598,148	26.3%
2015	13,352,589	13,352,589	4,145,045	31.0%
2016	13,042,788	13,042,788	7,589,019	58.2%
2017	12,016,156	12,016,156	7,237,353	60.2%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,421,157	11,421,157	6,978,477	61.1%
2019	10,973,908	10,973,908	7,851,055	71.5%
2020	10,522,282	10,522,282	8,778,946	83.4%
2021	10,132,552	10,132,552	9,808,336	96.8%
2022	9,743,469	9,743,469	10,894,212	111.8%
2023	9,334,583	9,334,583	12,027,683	128.9%
2024	8,903,682	8,903,682	13,205,102	148.3%
2025	8,450,887	8,450,887	14,389,632	170.3%
2026	7,979,233	7,979,233	15,531,764	194.7%
2027	7,493,131	7,493,131	16,622,398	221.8%
2028	6,997,345	6,997,345	17,672,328	252.6%
2029	6,496,592	6,496,592	18,669,363	287.4%
2030	5,995,903	5,995,903	19,555,423	326.1%
2031	5,500,414	5,500,414	20,267,379	368.5%
2032	5,014,711	5,014,711	20,776,621	414.3%
2033	4,543,069	4,543,069	21,116,021	464.8%
2034	4,088,977	4,088,977	21,274,893	520.3%
2035	3,655,200	3,655,200	21,181,565	579.5%
2036	3,244,059	3,244,059	20,775,494	640.4%
2037	2,857,432	2,857,432	20,070,390	702.4%
2038	2,496,888	2,496,888	19,133,018	766.3%
2039	2,163,801	2,163,801	18,004,622	832.1%
2040	1,859,170	1,859,170	16,719,042	899.3%
2041	1,583,521	1,583,521	15,328,742	968.0%
2042	1,336,698	1,336,698	13,872,048	1037.8%
2043	1,118,055	1,118,055	12,399,602	1109.0%
2044	926,594	926,594	10,938,451	1180.5%
2045	760,925	760,925	9,537,280	1253.4%
2046	619,298	619,298	8,238,721	1330.3%
2047+	2,033,106	2,033,106	34,571,667	1700.4%

Projection with 62.0% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims**	Loss Ratio*
2018	11,486,245	11,387,647	6,969,035	60.7%
2019	13,898,904	9,892,754	7,428,654	53.4%
2020	14,816,219	9,145,814	8,085,855	54.6%
2021	14,267,447	8,807,066	9,033,484	63.3%
2022	13,719,587	8,468,881	10,032,542	73.1%
2023	13,143,842	8,113,483	11,074,421	84.3%
2024	12,537,100	7,738,951	12,155,340	97.0%
2025	11,899,528	7,345,387	13,241,374	111.3%
2026	11,235,401	6,935,433	14,287,214	127.2%
2027	10,550,930	6,512,920	15,284,686	144.9%
2028	9,852,824	6,081,990	16,243,862	164.9%
2029	9,147,723	5,646,743	17,153,345	187.5%
2030	8,442,713	5,211,551	17,947,337	212.6%
2031	7,745,024	4,780,879	18,580,334	239.9%
2032	7,061,115	4,358,713	19,026,882	269.5%
2033	6,397,007	3,948,770	19,317,526	302.0%
2034	5,757,609	3,554,079	19,443,122	337.7%
2035	5,146,816	3,177,047	19,339,280	375.8%
2036	4,567,896	2,819,689	18,951,730	414.9%
2037	4,023,494	2,483,638	18,293,635	454.7%
2038	3,515,819	2,170,258	17,426,016	495.6%
2039	3,046,806	1,880,745	16,386,716	537.8%
2040	2,617,860	1,615,963	15,206,539	580.9%
2041	2,229,725	1,376,373	13,933,218	624.9%
2042	1,882,178	1,161,838	12,601,594	669.5%
2043	1,574,311	971,797	11,257,557	715.1%
2044	1,304,719	805,382	9,925,625	760.7%
2045	1,071,443	661,384	8,649,722	807.3%
2046	872,021	538,285	7,468,224	856.4%
2047+	2,862,776	1,767,146	31,273,153	1092.4%

Moderately Adverse Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	187,525,109	187,525,109	39,841,557	21.2%	187,525,109	187,525,109	39,841,557	21.2%
Present Value of Future	112,285,349	112,285,349	260,458,946	232.0%	152,141,434	99,361,592	239,212,845	157.2%
Total Values	299,810,458	299,810,458	300,300,503	100.2%	339,666,543	286,886,701	279,054,401	82.2%

'LLR'/85 Demonstration

1 Accumulated value of initial earned premium	\$	187,525,109	x 60.0% =	\$	112,515,065
2a Accumulated value of earned premium	\$	187,525,109			
2b Accumulated value of prior premium rate schedule increases	\$	-	x 85.0% =	\$	-
3 Present value of future projected initial earned premium	\$	99,361,592	x 60.0% =	\$	59,616,955
4a Present value of future projected premium	\$	152,141,434			
4b Present value of future projected premium in excess of the projected initial earned premiums	\$	52,779,842	x 85.0% =	\$	44,862,866
5 Lifetime Earned Premium times Prescribed Factor					\$ 216,994,886
6 Moderately Adverse Lifetime Incurred Claims **					\$ 279,054,401

* Loss Ratio is a ratio of Incurred Claims to Earned Premium.

** Calendar Year projected incurred claims represent moderately adverse incurred claims.

Exhibit 7 - Revised
Continental General Insurance Company
Policy Forms: L-6000 and LTC-020201
Best Estimate Virginia Experience Before and After Proposed Rate Increase

Historical as of 12/31/2017				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims	Loss Ratio
2003	0	0	0	0.0%
2004	2,595	2,595	0	0.0%
2005	11,938	11,938	0	0.0%
2006	23,067	23,067	0	0.0%
2007	31,081	31,081	0	0.0%
2008	29,913	29,913	0	0.0%
2009	27,757	27,757	0	0.0%
2010	27,419	27,419	0	0.0%
2011	27,701	27,701	0	0.0%
2012	27,362	27,362	0	0.0%
2013	27,694	27,694	0	0.0%
2014	28,300	28,300	0	0.0%
2015	28,455	28,455	0	0.0%
2016	26,226	26,226	389,358	1484.6%
2017	25,694	25,694	5,150	20.0%

Projection without Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2018	25,799	25,799	15,872	61.5%
2019	25,100	25,100	18,182	72.4%
2020	24,372	24,372	20,539	84.3%
2021	23,589	23,589	23,108	98.0%
2022	22,733	22,733	26,003	114.4%
2023	21,794	21,794	28,925	132.7%
2024	20,780	20,780	31,745	152.8%
2025	19,708	19,708	33,789	171.4%
2026	18,588	18,588	35,782	192.5%
2027	17,425	17,425	37,315	214.1%
2028	16,231	16,231	38,687	238.3%
2029	15,021	15,021	39,659	264.0%
2030	13,809	13,809	39,811	288.3%
2031	12,614	12,614	39,807	315.6%
2032	11,447	11,447	39,032	341.0%
2033	10,319	10,319	38,305	371.2%
2034	9,241	9,241	37,073	401.2%
2035	8,221	8,221	35,732	434.6%
2036	7,266	7,266	33,864	466.0%
2037	6,380	6,380	31,075	487.0%
2038	5,568	5,568	28,503	511.9%
2039	4,828	4,828	26,080	540.2%
2040	4,161	4,161	24,222	582.1%
2041	3,563	3,563	21,998	617.3%
2042	3,033	3,033	19,320	637.0%
2043	2,566	2,566	16,790	654.4%
2044	2,156	2,156	14,436	669.5%
2045	1,800	1,800	12,527	696.0%
2046	1,491	1,491	10,752	721.0%
2047+	4,986	4,986	38,002	762.2%

Projection with 62.0% Rate Increase				
Calendar Year	Earned Premium	Original-Level Premium	Incurred Claims*	Loss Ratio
2018	25,946	25,724	15,851	61.1%
2019	31,790	22,627	17,273	54.3%
2020	34,317	21,184	19,041	55.5%
2021	33,215	20,503	21,430	64.5%
2022	32,010	19,759	24,118	75.3%
2023	30,687	18,943	26,832	87.4%
2024	29,259	18,061	29,446	100.6%
2025	27,750	17,130	31,341	112.9%
2026	26,173	16,156	33,181	126.8%
2027	24,536	15,146	34,597	141.0%
2028	22,855	14,108	35,864	156.9%
2029	21,150	13,056	36,760	173.8%
2030	19,444	12,002	36,871	189.6%
2031	17,761	10,964	36,833	207.4%
2032	16,118	9,949	36,087	223.9%
2033	14,530	8,969	35,379	243.5%
2034	13,013	8,033	34,207	262.9%
2035	11,576	7,146	32,934	284.5%
2036	10,232	6,316	31,179	304.7%
2037	8,984	5,546	28,586	318.2%
2038	7,840	4,839	26,191	334.1%
2039	6,798	4,197	23,935	352.1%
2040	5,859	3,617	22,196	378.8%
2041	5,018	3,097	20,129	401.2%
2042	4,271	2,636	17,657	413.4%
2043	3,613	2,230	15,326	424.2%
2044	3,036	1,874	13,162	433.5%
2045	2,534	1,564	11,407	450.1%
2046	2,100	1,296	9,778	465.7%
2047+	7,021	4,334	34,436	490.5%

Best Estimate Loss Ratio Summaries at 12/31/2017 (Discounted at 4.13%)

Accumulated Value of Historical	450,411	450,411	418,981	93.0%	450,411	450,411	418,981	93.0%
Present Value of Future	258,886	258,886	501,100	193.6%	351,016	229,016	464,518	132.3%
Total Values	709,297	709,297	920,081	129.7%	801,426	679,427	883,499	110.2%

* Calendar Year projected incurred claims represent best estimate incurred claims.

September 8, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via email on 08/31/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

After the conversations, the Company agreed to accept a 62% rate increase request, based on the prospective present value method, and certify to the resulting rates.

Please see the uploaded **Exhibit 4 – Revised, Exhibit 5 – Revised, Exhibit 7 – Revised**, revised rate sheets, and amended Rate/Rule Schedule in SERFF. Any additional revised exhibits can be provided at the Bureau's request. Please note, Exhibit 6, though dependent on the rate increase amount, did not change with the updated 62%.

Thank you for reviewing the information provided herein.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

September 22, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via email on 09/22/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Please revise VA SCI Exhibits.pdf to reflect the revised rate increase request of 62%.*

The Company has updated the **VA SCI Exhibits** to reflect the 62% rate increase. Please see the Supporting Documentation tab for the revised file, **VA SCI Exhibits - Revised**.

Please note that the only changes to the file were **Exhibit 4 - Revised, Exhibit 5 - Revised, Exhibit 7 - Revised**. All other exhibits were not affected by the updated rate increase request.

Thank you for reviewing the information provided herein.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

October 26, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 10/19/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

- 1. Based on our call recent phone call, and the low number of policyholders in Virginia (19), please specify your intention towards future rate increases on this block of business.*

If the moderately adverse assumptions are realized, the Company intends to file for the resulting justified rate increase. This is due to standards and expectations set by the Company's domiciled State. However, if this occurs the Company is willing to have a discussion with the State to address any of the State's concerns.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

November 12, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 10/15/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Please provide us with a certification of compliance that conforms to 14 VAC 5-100-40 3 and refers to form number CGI(LOY)-RINC(VA)(0120).*

Please see the attached file **Certification of Compliance_SCI RINC Ltr**

2. *Please provide us with the certification of readability that is required by 14 VAC 5-110-60.*

Please see the attached file **Readability Certificate_SCI RINC Ltr**

3. *The fourth paragraph refers to the Frequently Asked Questions (FAQs) as an enclosure. If the FAQs are intended to be an enclosure separate from the policyholder letter, the FAQs should be identified by a separate form number as set forth in 14 VAC 5-100-40 1.*

The current wording listed in the letter is consistent with the wording in a recently approved letter for another policy form. The Company would like to maintain as much consistency as possible in communications to the VA policy holders.

4. *Page one of the policyholder letter is shown as variable. Since this is the very first page of the letter, please provide an example of when this page number may change.*

Brackets have been removed from the page numbers of pages 1 - 4. Please see the updated letter forms and statements of variability attached.

5.

- a. *The bracketing around option 2 in the section titled "What Options you Have" is confusing. Please correct.*

All of option 2 is bracketed because that option will be excluded from the letter in the event the policy is already at its minimum coverage limits and does not have any reduction options available.

- b. *Please explain the open brackets at the end of Option 2 and correct, if possible.*

The open bracket at the end of option 2 is closed at the start of option 3. The [3] is bracketed so that in the event noted above where option 2 is excluded, option 3 is renumbered to option 2.

6. *Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear in prominent print on all forms. Please add the full licensed corporate name to both the Benefit Reduction form and the Contingent Non-Forfeiture form.*

The full company name for this block of policies is Continental General Insurance Company, which is the current wording used in the letter. The Company has confirmed that there are no active Virginia SCI policies on any other company.

7. *Will the Template ID appear in the final form of the letter? If not, please remove from the letter.*

Yes, the template ID will appear on the printed letters mailed to policy holders.

8. *The SOV states that [Today's Date] is the date the letter will be mailed to the policyholder. Please verify that the policyholders will have a minimum of 75 days prior to the implementation date of the premium increase, from the date they receive the letter, to make any necessary decisions; as required in 14VAC5-200-75 D, .*

The Company confirms that there are processes in place to ensure policyholders will have a minimum of 75 days prior to the implementation date of the premium increase from the date they receive the letter.

9. *Please revise the description of the Contingent Non-Forfeiture Option, in the letter and the FAQ, to meet the requirements of 14VAC5-200-185 E 3.*

The Company feels the requirement is met, as the coverage provided by this policy is detailed in the CONTINGENT NONFORFEITURE BENEFIT FORM (see attached letter **CGI(LOY) – RINC(VA)(0120)-CNFO**).

10. *Please provide the language in the policy that describes the Contingent Non-Forfeiture Benefit.*

The policy form does not describe the Contingent Non-Forfeiture Benefit. However, that benefit is detailed in the CONTINGENT NONFORFEITURE BENEFIT FORM (see attached letter **CGI(LOY) – RINC(VA)(0120)-CNFO**).

11. For consistency, please revise all references to the Virginia Bureau of Insurance to read the same throughout all forms. Using "the Bureau of Insurance" is acceptable.

The current wording listed in the letter is consistent with the wording in a recently approved letter for another policy form. The Company would like to maintain as much consistency as possible in communications to the VA policy holders.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Nahrup', is written over a horizontal line.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717



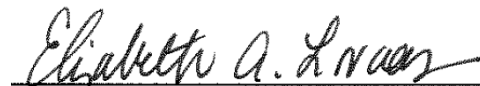
P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

Certification of Compliance

Name and Address of Insurer: Continental General Insurance Company
P. O. Box 203098
Austin, Texas 78720-3098
NAIC #: 71404

Regarding: Rate Increase Notification Letter
Form Number: CGI(LOY) – RINC(VA)(0120);
CGI(LOY) – RINC (VA)(0120)-BR; and
CGI(LOY) – RINC(VA)(0120)-CNFO
All three documents will be stapled together as 1 document

The company has reviewed the enclosed letter form and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.



Signature of Office

Elizabeth A. Lovaas
Printed Name of Officer

Secretary
Title

November 10, 2020
Date

Long-term care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

VIRGINIA READABILITY COMPLIANCE CERTIFICATE

Insured: Continental General Insurance Company (NAIC # 71404)
P. O. Box 203098, Austin, Texas 78720-3098

Title of Form: Rate Increase Notification for SCI policies

Form #	Description of Form
CGI(LOY) - RINC(VA)(0120)	<i>Rate Increase</i> Letter is the first 4 pages of the rate increase notification letter. It includes the cover page containing the rate increase overview and Frequently Asked Questions.
CGI(LOY) - RINC(VA)(0120)-BR	<i>Benefit Reduction Form</i> is a 2-page document. It contains the page describing options one might select to lower coverage limits or to lower premiums. This document contains a signature line for one to sign if one chooses to elect one of the options.
CGI(LOY) - RINC(VA)(0120)-CNFO	<i>Contingent Nonforfeiture Benefit</i> Form is a 1-page document. It describes how the Contingent Nonforfeiture Benefit works and has a signature line if one chooses to elect this option.

All three forms mentioned above will be stapled together as one document when sending to each insured.

I hereby certify that the Flesh Reading Ease Score of the Rate Increase Notification Letter is **55.4**. It contains:

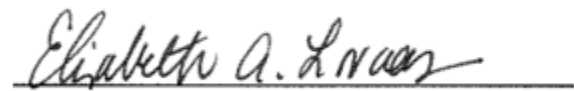
179 sentences

1796 Words

3019 Syllables

11 Point Type

I also certify to the best of my knowledge and belief that the form is in compliance with 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.


Signature of Office

Elizabeth A. Lovaas,
Print Name of Officer

Secretary for Continental General Insurance Company
Title

November 10, 2020
Date

Continental General Insurance Company

[P.O. Box 203098
Austin, TX 78720-3098]

[TEMPLATE ID]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

Re: Your Long-Term Care Policy Premium is Increasing

Policy No.: [XXXXXXXXXX]

Dear Policy Holder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

This change will occur on your premium due date of [Rate Increase Effective Date].

Current [Modal] Premium [\$X,XXX.XX]	New [Modal] Premium [\$X,XXX.XX]	Rate Increase Percentage [XX]%
---	-------------------------------------	--------------------------------------

[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.] The Company reserves the right to request a future rate increase as per the policy. In the event of a future rate increase, which must first be approved by the Virginia Bureau of Insurance, similar options to those listed in this letter may be available. However, you can contact us at any time to discuss decreasing your coverage and premiums, according to the provisions of your policy.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all the people who bought this kind of long-term care coverage.

What options you have:

You have several options available. You can:

1. **Pay the higher premium and keep your coverage limits the same**

Your premium change will automatically occur on [Rate Increase Effective Date] with no changes to your coverage. No action is needed from you.

[

2. **Lower your premium by choosing to lower your coverage limits**

This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.] [

3. **]Stop paying premiums by choosing the Contingent Nonforfeiture benefit**

This option allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Additional information is enclosed on the Contingent Nonforfeiture Benefit Form. If you would like to choose this option, please return the completed form back to Us in the envelope provided.

Included are some Frequently Asked Questions that should answer many of your questions and concerns about this premium change. If you have additional questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

Sincerely,

[W. Travis Simpson]

[Senior Vice President and Chief Operating Officer]

Enclosures - Frequently Asked Questions, [Benefit Reduction Form,] Contingent Nonforfeiture Benefit Form, Self-Addressed Return Envelope

FREQUENTLY ASKED QUESTIONS

My premiums are being increased. Is this allowed?

Yes, the Company can change your premiums. Page 1 of your policy discusses when and how premium rates may be changed. This premium change has been filed with the Department of Insurance. The rate increase request was reviewed by the State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx). You have the right to request a revised premium rate or rate schedule.

Can the Company delay making my premium increase effective until I decide which option is best for me?

No. All people who bought this type of policy must be treated similarly. We cannot delay the premium change on an individual basis.

If I choose to lower my coverage limits to lower my premium, how long do I have to pick an option?

You may change your coverage at any time. If you choose any of the options on the Benefit Reduction Form, the change will occur on the premium due date [Rate Increase Effective Date], unless you notify the Company otherwise. **Please note that all benefit reduction options may not be of equal value.**

If I choose not to pay future premiums, what happens to my coverage?

Your policy is guaranteed renewable. This means that your coverage is protected if you pay your premiums. If you do not pay your premium when it is due, your current coverage will lapse, i.e. terminate.

If you lapse your policy from the date of this letter until [Rate Increase Effective Date + 120 Days], the Contingent Nonforfeiture benefit will automatically apply with no action from you. This benefit will allow your daily benefit amount and elimination period to remain the same, but the maximum lifetime benefits will be shortened. This is not a cash value. Additional information about this benefit can be found on the Contingent Nonforfeiture Benefit Form.

My premiums are taken directly from my bank account. Do I need a new Pre-Authorized Checking form?

No, your existing authorization will allow us to deduct the correct premium from your account.

How does this impact me if my premiums are being waived?

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

I still have questions. How do I get these questions answered?

Call us toll-free at [866-830-0607], and our Client Services Department can help. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

CONTINGENT NONFORFEITURE BENEFIT FORM

This form will explain the Contingent Nonforfeiture benefit in detail. Do not complete this form if you have chosen to lower your coverage limits or if you want to keep your current coverage limits.

What is this benefit:

The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for shortening how long your policy provides coverage.

How long is my new coverage:

If you choose the Contingent Nonforfeiture benefit, the maximum lifetime benefit provided by your policy will be the total of all premiums you have paid for this policy and any riders. If you have paid less than thirty (30) times the daily benefit amount in effect, your maximum lifetime benefit will be thirty (30) times the daily benefit amount in effect when the Contingent Nonforfeiture Benefit is chosen.

The total claims paid by this policy will not be more than the maximum lifetime benefit available on the policy prior to choosing this benefit.

What happens to the rest of my coverage:

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase.

How do I choose this benefit:

To choose the Contingent Nonforfeiture benefit you may:

1. Sign and date the Contingent Nonforfeiture Benefit Form and return to Us using the provided envelope.
2. Lapse your policy between now and [Rate Increase Effective Date + 120 Days]. No additional action is required by you for the Contingent Nonforfeiture benefit to apply.

If you have questions, call Us toll-free at [866-830-0607], and our Client Services Department can help.

By signing below, I am electing the Contingent Nonforfeiture Benefit and am authorizing Continental General Insurance Company to convert my policy to a paid-up status with no further premiums due.

Signature: _____
Policy No. [Policy Number] Policy Holder Name: [Policy Holder Name]

Date: _____

Statement of Variability
Continental General Insurance Company
CGI(LOY) – RINC(VA)(0120)

The following items are indicated as variable items in form CGI(LOY) – RINC(VA)(0120).

Page	Variable Items	Justification
Page 1	<p>[Template ID]</p> <p>[P.O. Box 203098 Austin, TX 78720-3098]</p> <p>[Today's Date]</p> <p>[Name]</p>	<p>This is a field that is used internally to determine which of the bracketed wording variations below are included in the letter for each policyholder. This template id will be of the format [SCI]RI[PA][VA][M]FI[2]BR[4][A], where the bracketed pieces included will vary based on the rate increase approval and which (if any) benefit reductions will be included in the letter for the policyholder.</p> <p>The Company address is stated as variable in case of a change in the future.</p> <p>The letters are printed at different times based on the effective date of the policyholder's rate increase. The date the letter is printed will determine the date that is used here.</p> <p>The first name and last name at the beginning of the letter are the name of the policyholder to whom the letter is being mailed.</p>

<p>Page 1, continued</p>	<p>[Address Line 1], [Address Line 2], [Address Line 3], [City, State, Zip Code]</p> <p>[XXXXXXXXXX]</p> <p>[Rate Increase Effective Date]</p> <p>[Modal]</p> <p>[\$X,XXX.XX]</p> <p>[XX]%</p> <p>[The Company will be implementing a [XX]% increase to your premium rates approximately one year after the current increase.]</p>	<p>The address information used here will vary based on the policyholder's mailing address.</p> <p>This field will reflect the policyholder's policy number.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The mode used here will vary based on the policyholder's premium payment schedule.</p> <p>These fields will reflect the current modal premium and new modal premium for the policyholder.</p> <p>This field will reflect the rate increase percentage impacting the policyholder's premiums.</p> <p>There are different methods that a rate increase can be implemented. This statement will be used if the approval we receive from the state is to be implemented in multiple phases.</p>
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<p>Page 2</p>	<p>[2. Lower your premium by choosing to lower your coverage limits This option allows you to lower your coverage limits to lower your premium. Examples of available options are enclosed for your review on the Benefit Reduction Form, but additional options may be available by calling Us toll-free at [866-830-0607]. If you would like to choose one of the provided options regarding your [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period], please return the completed form back to Us in the envelope provided.]</p> <p>[3.]</p> <p>[866-830-0607]</p> <p>[W. Travis Simpson] [Senior Vice President and Chief Operating Officer]</p> <p>[Benefit Reduction Form,]</p>	<p>This section will only be shown to policyholders who have benefits that can be reduced in order to lower their premium. The bracketed section [Maximum Lifetime Benefit, Maximum Daily Benefit or Elimination Period] will reflect the options shown in the policyholder's Benefit Reduction Form.</p> <p>This is bracketed because the numbering will reflect "2." in cases where the bracketed benefit reduction option is excluded from the letter based on the policyholder's benefits.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>These fields are variable in the event of a future change.</p> <p>Form CGI(LOY) – RINC(VA)(0120)-BR will be included for policyholders who have benefits that can be reduced in order to lower their premium.</p>
<p>Page 3</p> <p>Page 3, continue</p>	<p>[Rate Increase Effective Date]</p> <p>[Rate Increase Effective Date + 120 Days]</p> <p>[https://scc.virginia.gov/boi/SERFFInquiry/LtcFiling]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p>

d	<u>s.aspx]</u> [866-830-0607] [3]	<p>This field is variable in the event of a future change.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>The page number is bracketed due to potential variance.</p>
Page 4		

Statement of Variability
Continental General Insurance Company
CGI(LOY) – RINC(VA)(0120)-BR

The following items are indicated as variable items in form CGI(LOY) – RINC(VA)(0120)-BR. Note that member-specific information in this notice such as benefit reduction options, associated benefit levels and premium quotes may vary between policy issues. This form will only be included with the rate increase notice for policyholders who have benefits that can be reduced in order to lower their premium.

Page	Variable Items	Justification
Page 5	<p>[866-830-0607]</p> <p>[5]</p>	<p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>The page number is bracketed due to potential variance.</p>
Page 6	<p>[\$X,XXX.XX]</p> <p>[Rate Increase Effective Date]</p> <p>[You can choose more than one option.]</p>	<p>This field will reflect the new modal premium for the policyholder. This field under the benefit reduction options will reflect the new modal premium for the policyholder if the benefit reduction is elected.</p> <p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This sentence will only be included when there are</p>

Statement of Variability
Continental General Insurance Company
CGI(LOY) – RINC(VA)(0120)-CNFO

The following items are indicated as variable items in form CGI(LOY) – RINC(VA)(0120)-CNFO.

Page	Variable Items	Justification
Page 7	<p>[Rate Increase Effective Date + 120 Days]</p> <p>[866-830-0607]</p> <p>[Policy Number]</p> <p>[Policy Holder Name]</p> <p>[7]</p>	<p>The date used here will vary based on the policyholder's premium payment dates.</p> <p>This is the company's current toll-free phone number. It has been bracketed in case of a future change to company contact information.</p> <p>This field will reflect the policyholder's policy number.</p> <p>This field will reflect the policyholder's name.</p> <p>The page number will change to 5 in cases where the Benefit Reduction Form is not included with the rate increase notice.</p>

BENEFIT REDUCTION FORM

This form will explain how to lower your coverage limits to lower your premiums. Once you have lowered your coverage, you will not be able to increase your coverage in the future. **Please review your coverage to make sure changes are in your best interest especially if you are on claim or may be eligible to be on claim.**

Some options are shown on the back of this page. If you choose to change your coverage to one of these options, please indicate which option. Sign and date the form and return it back to Us in the envelope provided.

Please note that this is only a **quote** for these changes to your coverage. Actual premiums may be slightly different.

Other options may be available to you. If you would like to hear about other options available, please call Us at [866-830-0607]. Our Client Services Department can help.

Your premium will increase to [\$X,XXX.XX] on [Rate Increase Effective Date]. If you would like to lower your coverage to one of the options shown below, please check the box. **Please note that all benefit reduction options may not be of equal value.** [You can choose more than one option.] Sign and date at the bottom of the form and return this page to Us in the envelope provided.

☐ **[Benefit Reduction Option 1 – Lower Your Maximum Lifetime Benefit**

This option lowers the maximum coverage for the life of your policy.

Original Maximum Lifetime Benefit	[\$XXX,XXX]
Reduced Maximum Lifetime Benefit	[\$XXX,XXX]
Premium After Reducing Benefit	[\$X,XXX.XX]

☐ **[Benefit Reduction Option [2] – Lower Your Maximum Daily Benefit**

This option lowers the maximum payment you can receive for each day of care received.

Original Long-Term Care Daily Benefit	[\$XXX.XX]
Reduced Long-Term Care Daily Benefit	[\$XXX.XX]
[Original Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
Reduced Home Health/Home and Community Care Daily Benefit	[\$XXX.XX]
Premium After Reducing Benefit	[\$X,XXX.XX]

☐ **[Benefit Reduction Option [3] – Increase Your Elimination Period**

This option increases the number of days you must wait before benefits may be payable.

Current Elimination Period	[XX Days]
Increased Elimination Period	[XX Days]
Premium After Increasing Elimination Period	[\$X,XXX.XX]

By signing below, I am authorizing Continental General Insurance Company to lower my coverage as indicated by the Option(s) selected/checked above.

Signature: _____ Date: _____

Policy No. _____ Policy Holder Name: [Policy Holder Name]
[Policy Number]

December 4, 2020

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 11/16/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. *Thank you for your response, however I am confused with your objection 6. We were asking that the full Company name be added to the Benefit Reduction form and the Contingent Non-Forfeiture form.*

The full Company name can be found on the Benefit Reduction Form and Contingent Non-Forfeiture Form in bold above the signature lines. Virginia's requirement is that the full company name be in prominent print on those forms without reference to a specific location. The Company strives to maintain as much consistency as possible in our communications to our policyholders. Given that Virginia already approved this letter structure for our CGI policy forms, we would prefer to keep these pages in their current state to maintain consistency in our rate-related communications to Virginia policyholders.

2. *Please move the revised forms (CGI(LOY) – RINC(VA)(0120), CGI(LOY) – RINC(VA)(0120)-BR, and CGI(LOY) – RINC(VA)(0120)-CNFO) to the Forms Schedule so we may continue their review.*

These revised forms have been moved to the Form Schedule tab.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

January 18, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 01/04/2020 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

1. Please explain the open bracket on the title of the Benefit Reduction Form.

The entirety of the Benefit Reduction Form is bracketed due to the fact that this form is not included for some policyholders based on their current benefits at the time of the rate increase notification letter. The referenced open bracket in the title is closed at the end of the Policy Holder Name field on the second page of the Benefit Reduction Form.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

February 1, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 01/19/2021 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

- 1. Please remove the brackets referenced in our 1/4/2021 objection. The brackets around the name of the form in the Enclosures section of the policyholder notification letter are sufficient to denote that the form will not be sent to all policyholders.*

Please see the revised **CGI(LOY) – RINC(VA)(0120)-BR** file where the brackets have been removed.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

March 11, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Thank you for your correspondence via SERFF on 02/24/2021 regarding the rate revision filing for the above referenced policy forms. The information requested in support of this rate filing is below.

Applies To:

- *CGI(LOY) – RINC(VA)(0120) , Other, CGI(LOY) – RINC(VA)(0120) (Form)*

1. *To more accurately match the language in Virginia Regulation 14VAC5-200-75 D 4, please revise the language in paragraph 1 to say, "In the event of a future increase, which must first be reviewed for compliance by the State Corporation Commission,..."*

Please see the revised file **CGI(LOY) – RINC(VA)(0120).pdf**, which has been updated as requested.

2. *Is there a reason to have the company address shown in 2 places on the 1st page of the policyholder letter?*

As this is the standard letterhead used for various rate increase letters, the Company would prefer to keep these pages in their current state to maintain consistency in rate-related communications to policyholders.

3. *In any instances where the letter uses Virginia Bureau of Insurance, please change them to Virginia State Corporation Commission.*

Please see the revised file **CGI(LOY) – RINC(VA)(0120).pdf**, where all references to Virginia Bureau of Insurance have been updated to Virginia State Corporation Commission.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

June 14, 2021

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, Virginia 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: L-6000-NQ-VA, L-6000-TQ-VA, LTC-020201-UTA-NQ-VA, and LTC-020201-UTA-TQ-VA
SERFF Tr Num: GLTC-131622755

Dear Mr. Toone:

Please note the following changes made to the revised policyholder letter on the Rate/Rule Schedule tab.

Applies To:

- *CGI(LOY) – RINC(VA)(0120)*

1. Previously, the policyholder letter stated on the first page, *"In the event of a future rate increase, which must first be approved by the Virginia Bureau of Insurance, similar options to those listed in this letter may be available."*

This has been revised to the below language

"Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. In the event of a future rate increase, similar options to those listed in this letter may be available."

2. The disclosure regarding partnership policies appearing on page 3 and required by 14 VAC 5-200-75 D 2 c now appears in bold print.
3. To conform with 14VAC5-200-75 A. 4. b. the policyholder letter now has the following statement added under the **'My premiums are being increased. Is this allowed?'** heading on the FAQs:

"You have the right to request a revised premium rate or rate schedule."

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Madison P. Nahrup'.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717